

FAITH CRISIS: A PASTORAL CARE FOR TRAUMATIZED
FAMILIES DUE TO TERRORISM IN JEBBU-MIANGO
PLATEAU STATE, NIGERIA

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ABSTRACT

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The context of this project is Jebbu-Miango in Jos, Nigeria. The people in Jebbu-Miango are experiencing a historic post-traumatic stress disorder due to Boko Haram and Fulani terrorist attacks. As a result, Christian parents are desperate to bring healing to their traumatic children, thereby increasingly practicing syncretism by drawing from the witch doctors because their Christian tradition feels inadequate for the task. The hypothesis is that if Pastors in Jebbu-Miango participate in psychotherapeutic coaching; in that case, Christian parents will not practice any act of witchcraft. A phenomenal qualitative methodology was used to ascertain the results.

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I applaud my sister-in-law's (Mrs. Elizabeth Ishaya Ikpiri) prayer and support. You are always there for me. Thank you for taking care of my children and the entire family. You are indeed the Igwe Angya Oho. God bless you!

DEDICATION

To my late father, The Ati-Utu, Ayiku Ayina, and my late mother, Igye Oho Gimbiya Ayiku. You have all laid the foundation and always believed I could do it.

ABBREVIATIONS

CAN	Christian Association of Nigeria
ECWA	Evangelical Church Winning All
IDP	Internal Displaced People
PTSD	Post-Traumatic Stress Disorder

INTRODUCTION

Since 2009, the people of northern Nigeria have been living under prolonged armed conflict due to the Boko Haram and Fulani insurgency. Boko Haram/Fulani is a Jihadist terrorist organization based in northeast Nigeria and active in Chad, Niger, and northern Cameroon; founded by Mohammed Yusuf in 2002. The objectives that Boko Haram seeks to achieve include establishing Islamic Sharia law in the northern part of Nigeria and rejecting Western education. To achieve their political, religious, and ideological aims, Boko Haram and Fulani terrorist groups intentionally use indiscriminate violent attacks, creating terror in citizens. The activities of Boko Haram/Fulani have an ugly impact on Christians, especially on the development of the Nigerian child.

The Boko Haram and the Fulani insurgency have led to unspeakable martyrdom that has resulted in traumatic situations for the people in northern Nigeria. For example, as of mid-July through August of 2021, the people of Jebbu-Miango in Bassa Local Government Area of Plateau State were massacred, and many were rendered homeless and displaced. The people of Jebbu-Miango have faced severe hardships (such as family displacement, sexual assault, kidnapping, and death) from the subsequent attacks by Boko Haram and the Fulani militants, resulting in traumatic conditions.

Therefore, this research examines the mental and emotional impacts of Boko Haram and Fulani terrorist atrocities on the people of Jebbu-Miango, which has resulted in a faith crisis. Christian parents in Jebbu-Miango whose family members experienced

the atrocities of these groups due to the subsequent attacks are suffering from mental infirmity. They are seeking care from witch doctors instead of the Church. The inability of pastors to provide psychotherapeutic care and counseling for the mental health of their congregations allows for doubts among members about whether God can solve their problems. This research solves the problem of clergy being underprepared to provide healing within the Jebbu-Miango community in the wake of traumatic events. If pastors receive training to enhance pastoral ministry to traumatized families, they will be equipped to assist Christian parents and their children in coping with their trauma. Pastors will be more prepared to provide care within their community, trusting that Christian parents will not practice syncretism or take their traumatized children to a witch doctor for healing.

Despite the anticipated limitations, the study is significant in understanding the traumatic impact of Boko Haram and Fulani terrorism on Nigerian societies and other developing countries facing similar challenges or war and gun violence. This study contributes to the Christian body of the hidden knowledge needed to address this problem regarding traumatization and mental health due to terrorism, war, and gun violence. The study sought out the opinions, thoughts, feelings, and insights of families affected by the Boko Haram insurgency in northeastern Nigeria and are seeking healing from witch doctors.

The research also examines why Christian parents in Jebbu-Miango are taking their children and family members to a witch doctor to heal mental health problems that have arisen from the traumatic experiences of the Boko Haram and Fulani terrorist groups. It explores the available support services for coping with the trauma of war and

insurgency. The potential social implications of the study involve generating new knowledge to develop effective pastoral care mental health programs for traumatized families exposed to terrorism in Nigeria. The following research questions were used to understand better how terrorism has affected the mental health problems of the people of Jebbu-Miango and why the church in Jebbu-Miango is facing a faith crisis.

1. Has the Jebbu-Miango genocide in Christian families triggered a faith crisis?
2. What programs are available to help affected families cope with individual and collective trauma?
3. Do the pastoral caregivers have a solid biblically based spiritual care program for traumatized Christian families?

The research questions present the study's three methodologies. A phenomenological approach was employed to capture individual interpretations of occurrences lived by individuals who experienced the Fulani/Boko Haram insurgency. As the researcher, I collected and interpreted data from study participants and analyzed this information into themes. Purposive sampling was used to select the eight participants for the study. The instrumentation employed in the study consisted of interviews, reflexive notes, and peer-reviewed training.

I present the pilot study's results, information on the study setting, a demographic description of study participants, data collection and analysis methods, and investigation results. Chapter 6 includes interpretations of the findings, recommendations, a description of the study's potential impact on positive social change, and a conclusion.

I used a qualitative phenomenological methodology with interpretive approaches involving questionnaires, oral interviews, and field surveys for data collection and

analysis. I conducted a one-on-one Zoom interview with participants for the data collection.

The choice of Jebbu-Miango for the data collection is convenient. The location of the study group for the data collection is suitable and self-assured as it provides interactive cooperation between the researcher, the community, and non-governmental organizations working at the displaced camps. The research depends on collecting data from pastors in Jebbu-Miango who were exposed to terror attacks, massacres, and displacement. Therefore, the researcher reserved the transferability of his findings because of the stigmatization of the trauma experienced by children and the people of Jebbu-Miango due to Boko Haram and Fulani insurgency. The experiences of these study participants reflect the lived experiences of the children and the people in Nigeria affected by Boko Haram and Fulani terrorism. Due to insufficient time, the researcher used the purposeful sampling interview in the final procedure. This research aims to help pastors in Jebbu-Miango and elsewhere become certified pastoral care experts who will engage in holistic pastoral care for traumatized congregations and families instead of seeking healing from the witch doctor. It also helps those trained to serve as coaching resources to other pastors for the continuity and sustainability of the pastoral care program.

In summary, Chapter One provides a practical approach to engaging the Bible through the lens of trauma and finding holistic pastoral care principles for healing the wounds of traumatized victims in Jebbu-Miango, Jos, Nigeria. It offers a Biblical and Theological concept for trauma therapy for affected individuals and the Jebbu-Miango communities. Chapter Two uncovers the traumatic origins of emotional distress. It

explains the history of trauma and the first diagnosed symptoms of trauma, which trauma patients were then called “hysterical” patients, had their origins in trauma histories. It provides an accurate historical account of Nigeria, from the time of the Kingdoms and Empires to colonialism, the Nigerian Civil War, Uthman Dan Fodio’s jihad, communal clashes, and religious crisis, and the current atrocities of the Boko Haram and Fulani insurgency and how it influenced trauma by paying close attention to the traumatic experiences of the people of Jebbu-Miango.

In Chapter Three, I examine the question of hope in dark times, dealing with questionable thoughts about God's existence and the aftermath of a traumatic event. It explores how theological questioning can lead to a faith crisis. It highlights the relevance of Ezekiel’s prophecy and his traumatic situation. The chapter is a poignant example of how one can navigate the prophetic response to theological questioning and its impact on civic identity and the contemporary world and provides hope and consolation to the traumatized people of Jebbu-Miango amid faith crisis and theological questioning through the lens of the prophetic hope in Ezekiel 37:1-14.

Clinical psychology is a discipline that deals with trauma, which is a person’s emotional response to a distressing experience. Chapter four, therefore, examines the psychological impact of armed conflict, especially the wounded people of Jebbu-Miango. It explores the appropriate topics related to the problem of mental health due to war, conflict, and terrorism and its impact on innocent victims. It initiates ways for pastors in Jebbu-Miango to engage in healing ministry to traumatize war and insurgency victims, thereby boosting holistic pastoral care. It also motivates parents to manage the post-traumatic stress disorder of their traumatized children in a clinical or trauma-informed

approach and seek to explore sustainable programs to prevent visiting witch doctors or any form of syncretism. The Fifth Chapter provides a comprehensive overview of trauma-informed strategies for pastors, chaplains, and other professional staff. The chapter gives background on trauma, the role of pastors and chaplains in addressing how the Church can help promote resilience and heal children undergoing traumatization, and what differentiates the Biblical approach from traditional approaches.

Finally, Chapter Six is the central part of this study. It addresses the research design and rationale of this project, including the study's research questions, which I generated to create (a) an understanding of the psychological impacts of the aftermath of the Boko Haram and Fulani attack on the Jebbu-Miango community, (b) the rationale that led to the faith crisis among the Christian parents in trying to heal their traumatized family members, and (c) the potential to provide therapeutic pastoral care and grief support to the traumatized victims of insurgency and maximize their resilience and recovery. It summarizes why qualitative research design was appropriate for this study. The chapter provides an understanding of the lived experience of the people of Jebbu-Miango that has resulted in a faith crisis while using phenomenological qualitative research methodology for data collection and findings. The chapter allows participants to explain in depth the phenomenon of their lived experience in the wake of the attack and how they could cope with their traumatic situation.

CHAPTER ONE

MINISTRY FOCUS

As mentioned earlier, from mid-July through August 2021, I received a call from my family that Boko Haram and Fulani had attacked the people in my community in Jebbu-Miango, burned down over 500 houses, displaced over 30,000 people, killed more than 71 people (which some of the victims were my close friends and family members), and destroyed the crops on every farm. The phone almost dropped from my hand; tears ran down my cheeks. I became nervous and restless; my chest ached, my breath melted, and my lungs brawled. I couldn't concentrate on my academics and semester papers and assignments. I began to imagine how the affected children would feel when they witnessed how their parents were macheted, killed, raped, and gunned down right before their eyes. The incident in Jebbu-Miango looks like or can be compared to the traumatic situation the Israelites felt when they struggled with the destruction of Jerusalem. As I have said earlier, Jebbu-Miango is my home; I remember some of my close friends that the Boko Haram and Fulani killed. I broke with tremors, loss, and anguish that had broken over me; why had God allowed this to happen to my community? This attack on the people of Jebbu-Miango was not the first time, but this latest attack became the ill-fated spark for a massacre. Between mid-July and August, the Boko Haram and Fulani attackers gruesomely butchered more than 71 people (men, women, and children) in Jebbu-Miango. Despite the security personnel in the volatile community of the Bassa

Local Government Area (more than 15 villages in the Miango district, including Jebbu-Miango, Nkiehwie, Zahwra, Tabin Gana, and others), all the previous occupants have been displaced by these Boko Haram and Fulani militias. In particular, the Boko Haram and Fulani assailants struck Jebbu-Miango consistently until it was essentially under siege. They ambushed the people; about 200 Fulani assailants surrounded Jebbu-Miango. According to Rev. Samaila Doro, “The Fulani militants were so organized. Some were shooting, and others were scavenging and setting houses ablaze.”¹ On July 28, when ten houses were razed, the residents had to beg the Police for help. Rev. Doro said, “We gathered bullets for them to defend the community since they claimed they could be punished if their bullets were not complete at the time of auditing before their superiors.”² Over 30,000 were displaced. Residents in Rukuba Road and Jos, the capital of Plateau State, have become dazed with displaced women and children who could escape the attackers.

The Jebbu-Miango massacre became known to many Nigerians after killing 22 Muslim travelers in Rukuba Raod on August 14. Still, findings revealed that the attack had an undertone of pre-existing grievances. Rev. Samaila Doro also reports, “On August 10, during Hon. Istifanus Gyang’s visit to Jebbu-Miango to access the level of the ruins, three women were hacked to death while they were harvesting potatoes on the farm.”³ Before that day, “the community had kept three corpses to show the senator three

¹ Samaila, Doro. Phone interview with the author. October 15, 2021.

² Samaila, Doro, 2021.

³ Samaila, Doro, 2021.

more people were killed,”⁴ which prompted several more subsequent killings of Jebbu-Miango people and the surrounding villages. The Miango Youth Development Association President, Mr. Yakubu Nuhu, laments, "Whenever there is a visit like that. The officers are in the entourage, and the enemies are alerted and use that opportunity to infiltrate unguarded villages.

Today, newspapers, radio, and television stations broadcast society's suffering and traumatic situation from social, economic, and political abuse. Conflict is widespread and is a harmful and inflated health problem. It usually results in violent behavior, sexual abuse, losses, and emotional and severe traumatic experiences. The effect of conflict heavily burdens individuals, families, the Church, and society. Recent research has proven that exposure to traumatic events reduces a person's mental functioning and can result in acute traumatic behaviors. This impaired neurodevelopmental disorder has no psychological or physical boundaries concerning age, gender, socio-economic status, race, ethnicity, geographical location, or sexual orientation. Many people have extensive histories of their lives left unaddressed. A person who suffers from armed conflict and war is at high risk of coping with the impact of traumatic memories of the hostility. And people with psychological problems resulting from armed conflict can be more violent than the perpetrators. The experiences of these individuals are undeniable and, unfortunately, all too common, especially when they are derelict, rejected, and allowed to suffer traumatic situations.

⁴ Yakubu, Nuhu. Phone interview with the author, October 15, 2021.

For example, trauma often occurs when physical or emotional violence, such as Boko Haram and Fulani insurgency, is perpetrated against someone. Addressing the psychological problem of such individuals requires early identification, awareness, practical assessment, a healthy approach, healing, and prevention. This study is significant in fostering sympathy for the psychological consequences of Boko Haram and Fulani extremism on the people of Jebbu-Miango, especially children. The study suggests that the Church must address the psychological effects of armed conflict and terrorism by providing trauma-informed care and grief support.

My Ministry Journey

I was born and raised in a royal home and accepted Christ Jesus as my Lord and Savior. As a pastor and minister of the Word of God, the Pastoral Ministry in Nigeria includes teaching, preaching, visitations, discipleship, pastoral care, and counseling. It creates community relationships and provides spiritual encouragement, comfort, and sound biblical counsel on social and spiritual matters. However, it is lacking in the aspect of trauma-informed care to traumatized church members who have been affected by the Boko Haram and Fulani insurgency. The pastoral ministry in Nigeria must be practical, emotional, and spiritual as career health caregivers. There's a need for a holistic pastoral ministry. Many Christian communities in Nigeria (especially northern Nigeria) are witnessing unspeakable continuous attacks and killings perpetrated by Boko Haram and Fulani terrorist groups that are religious and political. This constant conflict is slowly worsening the mental health of many Christians in Nigeria, especially children.

Although several private non-profit organizations and medical disciplines exist, the pastoral ministry that is trauma-informed for persons with Post-Traumatic Stress Disorder (PTSD) due to Boko Haram and Fulani insurgency in Nigeria is rare but necessary. As the government is not doing anything about it and has failed to identify such individuals, the Church needs to identify and care for them. The pastoral ministry must listen and respond to our traumatized children and help turn their situation into renewed hope and possibilities. Christ called the Church into the healing ministry for the sick (Matthew 10:1; Luke 9:1; 1 Cor. 12:28) and must engage in the healing journey for children affected by war and conflict in Nigeria. The Church must create a sacred space that allows traumatized individuals to cope or integrate. Therefore, knowing and listening to the stories of people exposed to terrorism and insurgency in Nigeria would enable the Church to develop sustainable programs to help them recover from their psychological trauma. The Church needs trauma-informed professionals and child psychotherapists who understand pastoral care that will transform, heal the wounds, hope, and guide them through a biblical recovery journey.

Context

Nigeria is the most populous country in Africa; it is a multi-ethnic, multicultural, multi-regional, and multi-religious society. It is on West Africa's coast and towards the Atlantic Ocean. It is also the most populated country in Africa, with over 200 million people, over 250 ethnic groups, and more than 526 spoken languages. The official language of Nigeria is English. However, Yoruba is spoken in the south, Igbo in the East, and Hausa in the north are spoken in the southwest. Nigeria has thirty-six democratic states, including

the Federal Capital Territory (FCT) in Abuja. Islam and Christianity are Nigeria's two major religious groups, significantly influencing the country's socio-economic, cultural, and political life. Islam and Christianity interrelate in their concept of God compared to other religious groups in Nigeria. The relationship between individuals and various religious groups (mainly Christians and Muslims) has been cordial and peaceful. Still, today, things have changed because of unspeakable violence. Before creating Nigeria, the people lived peacefully within ethnic groups, and religion was their traditional form of administration. They had leaders who kept unity and peace within the community. There were well-organized empires and kingdoms, and various customs became part of their system. Diverse tribal groups had developed strategies that operated well.

Relative peace broke out in the early 17th Century. Northern Nigeria witnessed a form of revolution through Islamic Jihad by Uthman Dan Fodio, who conquered and unseated most of the Empires and Kingdoms in the north and formed a Caliphate in Sokoto. Uthman Dan Fodio firmly stood for Islam's interest and opposed other religions' practices. Dan Fodio propounded a Shari'a law and appointed only rulers who belonged to the movement. The Sokoto Caliphate brought most of the north under a single Islamic government. The leaders became people of a single tribe (the Fulani). The British Government conquered the Caliphate through military power but did not abolish its Emirate administration system; instead, they allowed it to continue.

The Colonial administrator amalgamates different ethnic groups and regions in Nigeria without recognizing their ethnic background. Ethnicity and religion are often used as a feasible way for violence, creating unavoidable conflicts. Inconsistencies in British policy reinforced cleavages based on regional animosities by preserving each area's

indigenous cultures and introducing modern technology and Western political and social concepts. The North became hierarchical in the social order, with the British on top. Frederick Lugard assumed the Nigerian Northern Protectorate obtained recognition of the British protectorate by its indigenous rulers, especially the Sokoto Caliphate's Fulani emirs. Lugard's success in northern Nigeria is attributed to its indirect rule policy, which called for governing the protectorate by defeating the rulers. However, he resorts to the use of armed force measures to succeed.

The conflicts between Muslims and non-Muslim groups in Nigeria create discrimination and differences. The British used tax, and the tax collectors were mainly the Hausa-Fulanis to subjugate the minority natives of Central Nigeria. Christian missionaries' arrival made the Colonial Administration nervous because missionary activities might provoke the Muslim ruler's religious and political uprising against the British. The Colonial administration, therefore, saw the need to control and regulate the activities of the missionaries. They denied Christian missionaries any entrance into the Muslim areas. They advised them to turn their attention to the non-Muslim regions. The Colonial Administration was concerned with distancing itself from Christian missions; it did not want to be associated with missionaries. Nigeria gained independence on October 1, 1960, and became a republic in 1963—the change in status called for no functional alteration of the constitutional system. One will not hesitate to say that the British government created Nigeria on a faulty foundation. By implication, Nigeria's amalgamation had many problems and marked the beginning of many societal issues in Nigeria. One may say that the colonizers may have prejudiced the rationale behind the State of Nigeria's intensity today. When they left in 1960, religious, land disputes, and ethnic conflicts in Nigeria were

concerns. Polarization between religious and ethnic groups as they compete for resources, political and economic power, and other goals has spawned negative consequences of tremendous proportions, including genocide, ethnic cleansing, and civil war are but a few examples.

The Nigerian 30-month civil war remains an erratic and life-threatening experience for the people of Nigeria. The battle between the Nigerian Military Government and the Eastern Region became evident in its succeeding conflict. One of the most remarkable incidents during the 1960s was the declaration of emancipation by the Eastern Region in 1967. The Eastern region military governor, Lieutenant Colonel Chukwuemeka Odumegwu Ojukwu, declared independence for the Igbos. On May 30, 1967, he announced Biafra as an independent Republic. He revealed the primary cause for this action: the government's inability to protect predominantly Igbo easterners' lives and suggested its culpability in genocide. Initially, the federal military government launched police measures to restore Lagos' authority in the Eastern Region, but a full-scale civil war broke out.

In January 1970, the Biafran resistance collapsed, and the federal military government reasserted its jurisdiction over the area. The blaze of the war alleged the most significant challenge to Nigeria's continuing existence, unity, and territorial integrity as the largest multi-ethnic federation in Africa. The Nigerian civil war was probably one of the bloodiest and the first black-on-black genocide in sub-Saharan Africa. Women and children suffer unspeakable violence in every act of armed conflicts and wars. Most of the people killed were from the eastern region of Nigeria; these included countless children, nursing mothers, and pregnant women who were either killed or starved because of disease and hunger. An estimated 3 million Igbos died from hostilities, disease, and starvation

during the civil war, and many became refugees. The economy of the region is shattering. A lot of Nigerian soldiers also died in the war. The Nigerian civil war, also known as the *Nigeria-Biafra War*, was a period of mass violence and atrocities that resulted in millions of deaths and left lasting trauma on survivors and their descendants. The Asaba massacre was a particularly brutal atrocity that occurred when Nigerian troops occupied the town of Asaba in October 1967. The troops rounded up and executed civilians, including male teenagers and non-disabled men, who were accused of sympathizing with the Biafrans. The Nigerian government and Britain suppressed the news of the massacre, and its significance was misunderstood.

Survivors of the war and near starvation have been displaced and have been living with traumatic memories for decades. The war shattered the cognitive representation of Biafra, which was a source of belonging and connection for the Igbo people. The post-war generation grew up in Nigeria, which is still struggling to come to terms with the conflict. They may have heard stories about the war from their parents or grandparents, but the official narrative often shapes their understanding. Individuals exposed to war at any age between birth and adolescence exhibit reduced adult stature, with the most enormous impacts in adolescence. The trauma caused by an avoidable action is still fresh in the lives of their surviving families, relatives, and friends and is dreadful. However, the Nigerian government succeeded in subjugating the war but failed to resolve the issues that ignited the war.

There was a concentrated peace among the Nigerian people after the Civil War. However, the recent history of Nigeria is full of violent extremism and insurgency. Many Nigerians fear rape and abduction as they are subject to unprecedented attacks. The use of

arms in Nigeria has become horrible and destructive. The people of Nigeria experienced comparative peace after the civil war. However, a few ethnic conflicts and land disputes within communities had never been national conflicts until 1980, when *Maitatsine* broke the impulse of peace.

The Maitatsine was an Islamic terrorist group founded by Malam Muhammadu Marwa and was nicknamed Maitatsine. He unleashed violence against Nigerian citizens in early 1980. It was against modernization and Western influence and decried technological commonplace such as radios, wristwatches, television, automobiles, motorcycles, and even bicycles. The Maitatsine group condemned those who use such things or read books other than the Qur'an. The group first launched its violent attack on Kano's citizens and killed over 4,177 people.

The Kano incident was Nigeria's first violent religious crisis that took a massive toll on human lives and property. There were other spiritual crises after the Civil War, but the Maitatsine crisis raised more tension and conflicts. The death of the Maitatsine terrorist group leader in December 1980 at the hands of the military marked the end of the sect. The introduction of Sharia Law in 2000 by the northern Muslim governors was a massive contribution to the rise of several conflicts in most parts of the country. The Sharia law was against the backdrop of the State's heterogeneity and religious plurality, spread across the north, with most of the south. Some of them are civil servants and teachers in public schools. With Nigeria as a secular state, Sharia Law's introduction, where Muslims and Christians live together, will mean that they will force Christians to recognize Islam as the only acceptable religion. So, the Christians saw this as a breach of their rights as citizens who could not practice their chosen religion. The Sharia law was against the backdrop of the

State's heterogeneity and religious plurality and a long history of ethnoreligious conflicts in the State.

Boko Haram is a Jihadist terrorist organization based in northeast Nigeria, active in Chad, Niger, and northern Cameroon. It was founded by Mohammed Yusuf in 2002, and Abubakar Shekau has been leading the group since 2009. The group aimed to establish Islamic Sharia law in the northern part of Nigeria and reject Western education. Boko Haram intentionally uses indiscriminate violence to create terror to achieve its political, religious, and ideological aims. The Boko Haram insurgency seems to have opened doors for other Islamic terrorist groups, such as the Islamic State of West African Province (ISWAP) and the Fulani Herdsmen, otherwise known as Bandits.

The Fulani are a people group found mainly in the northern part of Nigeria. They spread in Sudan, Senegal, Somalia, Gambia, and the Upper Nile region. The Fulani penetrated across West and East Africa to the "Hausa Land [northern Nigeria] in the 13th Century... resulting in Fulani dominance in the early 19th Century."⁵ Their first settlement in Nigeria was in Bornu in northern-eastern Nigeria. The Fulani graze cattle, carrying sticks and occasionally a machete to cut down foliage and give it to their animals. But nowadays, they are known for carrying AK-47 rifles. In the past, the Fulani coexisted peacefully with their neighbors, but recently, they have begun using the Boko Haram attacks as an opening to advance their continuous attack on citizens. The Fulani are contributing to the incessant killings in Nigeria. Their migration across the country has triggered conflicts over land use and encroachment. It has coursed a clash between the Fulani and their host communities.

⁵Anthony, Agbegbedia Oghenevwoke. "A Historical Analysis of the Migration, Penetration and Diffusion of the Fulani into the Middle Belt Region of Nigeria." *IOSR Journal of Humanities and Social Science* 19, no. 10 (Ado-Ekiti, NG: Afe Babalola University, 2014) Pp. 54-62.

Therefore, insufficient efficient psychological treatment may increase severe intellectual dysfunction, depression, panic, anxiety, and psychiatric illnesses. The government has neglected the traumatic situation and experiences of children affected by armed conflict in Nigeria, and they did not consider the significant effects on the community.

Consequently, depending on foreign countries to design programs and manage trauma, children exposed to terrorism in Nigeria may be confusing and inappropriate due to the differences in beliefs and cultural alterations. I have conducted a qualitative phenomenological study to investigate the traumatic effects of ongoing terrorist attacks in Jebbu-Miango and have recommended resiliency programs that help them cope with their trauma. With a better understanding of the lived experience of Nigerian communities exposed to terrorism, policymakers may develop policies to guide coordination, management, and efficient service delivery so that children affected by terrorism can receive quality support and services.

Developing the Synergy

Various forms of violent conflict have engulfed Nigeria. The history of Nigeria from its establishment is full of violent extremism and insurgency. The wave of atrocious killings and the frequent threats by violent extremist groups, particularly the Boko Haram and Fulani terrorist groups, have called lasting peace and safety into question. Many Nigerians are now living in terror, fear, and psychological disorder. Church buildings are subject to incomparable pandemonium levels and destruction, including random bombings, killings, rape, sexual violence, and women as sex slaves.

Nigeria has been under attacks from terrorism since 2009, with this violence engendered by Islamic sects, Boko Haram, and Fulani terrorists. The increase of the Boko Haram and Fulani insurgency in Nigeria negatively impacts the mental health of Nigerians. Many people in Nigeria are internally displaced and have been exposed to frequent attacks, causing mental health problems. Boko Haram and Fulani insurgency has deflated children's mental health in northern Nigeria. Since 2009, many people in the north of Nigeria have lived under extensive armed conflict.

The continuous increase of Boko Haram and Fulani terrorism in Nigeria has increased the rate of traumatized children in Nigeria, especially in communities affected by the insurgency. In northern and central Nigeria, many communities traumatized due to terrorism and armed conflict remain untreated. When communities affected by terrorism and armed conflict cannot overcome their psychological trauma, the impact can develop into post-traumatic stress disorder. Children in Nigeria with mental health problems due to terrorism are primarily unidentified and rarely have mental health treatment. They require mental health support, but undeniably, Nigeria has no efficient program on mental health and methods for preventing and treating mental health illnesses to meet the increasing needs of the affected children. And the government couldn't meet the psychological problems of the children. In that case, post-traumatic stress disorder or a long-lasting mental health illness will always be the result. Ineffective psychosocial care resulting in the trauma of terrorism has long and short-term implications. The problem of mental health in Nigeria remains unmet due to inadequate social programs, lack of qualified professionals, and corruption.

Nigeria's services to people with mental health disorders are rarely accessible. Due to shame and stigmatization, traditional mental health treatment does not meet children's needs. Africans are highly religious and practiced their religion even before Islam and Christianity; their central point of worship was the deities (gods/ancestors). The traditionalist believes that their departed ancestors still live in spirits. Therefore, they maintain that the souls of the departed members of the extended family are never far away and that they are ready to take part in all matters about the welfare of the family or society. The spirits of the ancestors interfere in the affairs of the living, including mental health, epidemics, war, and natural disasters. The point is that many Christians, Pastors, and Chaplains in Nigeria still clench their traditional and cultural beliefs. For that reason, they will be ignorant of a child or community member suffering from severe war trauma or any disease. Instead, they will associate such a situation with demon possession and tend to seek the intercession of the spirits of their ancestors. These types of problems usually shoved parents to resort to a traditional method, neglecting the mental health disorders of children exposed to terrorism. This involves various forms of traditional medicine, such as contacting spirits of the ancestors, witchcraft, sorceries, divination, whipping the victim, sacrificing to idols, and even preventing modern medical treatment.

Such belief places the burden of treating children with psychological trauma or mental health on the parents alone. The effects of mental health disorders on children from violence perpetrated by Boko Haram and Fulani include the exhibition of strange behaviors, numbing, malnutrition, fear, avoidance, and recurring flashbacks. Such a profound long-term psychological effect on children often results in permanent mental health problems, aggressiveness, and violent behavior and must be treated efficiently and immediately.

Generally, people who have experienced austere trauma, either from domestic violence or insurgency and armed conflict, are not adequately cared for, mainly through mental health services, before and after exposure. Besides, there is no proper documentation of children who have survived the heinous crimes of Boko Haram and Fulani herders. But with accurate diagnoses and effective care, they may do well and cope with their mental health situation despite exposure to terrorism. Children affected by violence likely develop post-traumatic stress disorder, anxiety, fear, depression, emotional numbing, mourning, grief, avoidance, and insecurity. A historical analysis of the psychological effects of terrorism and its impact and how children can cope with the trauma remains undocumented. The outcome of terrorism on children in Nigeria may not be the same in other parts because of the divergent political drives, cultural practices, and norms. Trauma and transformation activities are essential for regaining children's mental health affected by Boko Haram and the Fulani insurgency. Trauma healing centers are not available in Nigeria. Well-established activity centers that can improve trauma recovery efforts for Nigerian children should be motivated. The few psychiatric hospitals and clinics in Nigeria have no admission beds, unlike the traditional method of treating psychiatric patients. No set rules or regulations guide mental health patients' rights, protection, and privacy. There are also no trained and qualified trauma and mental health disorder professionals.

Furthermore, the Nigerian government has less responsiveness to children's mental health issues and victims of armed conflict, war, and terrorism. There is no formal support for caregivers and social workers or the educational needs of children with psychological and mental health issues or problems. The researcher cogitates the Church as one of the

best ways people exposed to war, armed conflict, and terrorism can achieve trauma healing and social transformation. However, there are no techniques, training, or design programs for Pastors to engage in therapeutic ministry for individuals exposed to Nigeria's Boko Haram and Fulani insurgency.

Various subjects about the present state of Nigeria are crucial; however, this study addresses pastors' responsibilities in healing wounds of moral injuries of children affected by the continuous armed conflict in Nigeria. The study provides a biblical concept of therapeutic psychological trauma for people, especially children affected by armed conflict and war in northern Nigeria.

This study investigates the psychological impact of the Boko Haram and Fulani insurgency on Nigerian communities, especially on children exposed to terrorism in Nigeria. It determines the psychological effect of violent armed conflict due to the ongoing Boko Haram and Fulani terrorist attacks. This phenomenon is explained by qualitative study, which includes verbal interviews and storytelling. This study is consistent with a detailed consideration of the continuous killings and attacks on Nigerian communities and their psychological consequences on children, which is the initial concentration of this study. The researcher used a purposive sampling of selected participants from different affected communities in Nigeria. The rationale for the purposive sampling is to concentrate on study participants exposed to the ongoing insurgency of Boko Haram and Fulani terrorists in Nigeria. Some members of the sample population are drawn from internally displaced families and children (IDP) camps.

The researcher conducts two studies: an experimental study and a systematic case study. I collected a data analysis to establish statistics on the psychological effects of

terrorism on children in Nigeria. The empirical research helps me to conduct exploratory research to confirm the investigation proceedings before the routine analysis. In the systematic or final analysis, I aim to enable the participants to have prior knowledge of the research topic, especially trauma-related studies. I also intend to use virtual interviews to gather data from the population affected by the psychological trauma of Boko Haram and Fulani terrorism in Nigeria.

A literature review on Boko Haram and Fulani terrorism activities in Nigerian communities and the psychological impact on children was presented to evaluate the effect of terrorism in Nigeria to see if the Church has programs and services available for Boko Haram and Fulani terrorism-exposed children. I examine what public policies are available to support Nigerian children exposed to terrorism dealing with psychological problems and the government's inability to intervene in the psychological effects of terrorism on children in Nigeria. I have explored appropriate topics related to the psychological condition of children in Nigeria, the nature of diagnosis and treatment, and how to create short and long-term sustainability programs for trauma victims. To achieve the aims and objectives of this study, participants must be residents of Jebbu-Miango and are victims of Boko Haram and Fulani terrorist attacks. The victims' names remain undisclosed for fear of stigmatization and security purposes. I recommended programs and services that may help promote coping and healing of the trauma of children affected by terrorism and support pastors to engage in therapeutic and psychological transformation. The church will be motivated to address Post-Traumatic Stress Disorder in their congregations exposed to terrorism and build sustainable programs to prevent acute stress disorder.

Explicit criteria for data collection and analysis for the study participants present a comprehensive data collection and interpretation narrative from beginning to end. A detailed description of the data-gathering procedure confirms that another researcher could follow the progression of events in this study and understand the process. Therefore, to achieve this study, keeping details of the data has helped me create a truthful and reliable account of this qualitative study. The data collection for this study was divided into different categories that link reflexive notes and field notes to explain the data. A preliminary interview with study participants helped identify any challenges that might affect the study participants' responses.

The results from this study suggest future inquiries for a greater understanding of the psychological experience of other Nigerian children exposed to terrorism. The effects of terrorism on communities, especially children, are extensively studied and analyzed to know the critical need for all aspects of child development. While identifying possible solutions to Boko Haram and Fulani's continuous killings, rape, and kidnap of Nigerian communities, it is necessary to understand the psychological impact of terrorism on children and examine the programs and services available. By offering recommendations for programs and policies in the Church to improve children's mental health who have experienced the Boko Haram and Fulani insurgency, this research anticipates filling a gap toward curtailing the upsurge of mental health illnesses among Nigerian children in the literature review. This study may have positive implications for social transformation because recommendations from this study will help Pastors to:

1. Understand the psychological impacts of terrorism on Nigerian children.

2. And develop programs and policies within the Church to help children cope with the trauma of terrorism and armed conflict.

Because of the complexity of the problem, finding a unified solution is challenging. The psychological suffering caused by armed conflict and terrorism is more prevalent than physical injuries arising from terrorism. How terrorism affects children depends on the individual's and children's family structures and culture. Strategies to help children affected by war, armed conflict, and terrorism elsewhere in the world may not work in Nigeria because of differences in cultural practices and norms. Intervention measures must be peculiar to each circumstance. Understanding the psychological consequences of terrorism for children within the Nigerian context is critical to developing intervention measures at the pre-event and post-event levels to cushion the psychological effects of terrorism. This study can enable the Church to establish a Biblical framework and series of initiatives to address Boko Haram and Fulani's psychological consequences on Nigerian children and their traumatic experiences. It will also help the Nigerian government and non-governmental organizations working in the affected areas develop sustainable policies and programs that help Nigerian children affected cognitively by the Boko Haram insurgency. The outcomes of this study will enable the Church, non-governmental organizations, and the Nigerian government to reflect on the impact of terrorism, develop programs to improve government health policies and address the mental health barriers that children with mental health illnesses face in Nigeria. Both the Church and the government need to establish entrepreneurs and transformational centers that are spiritually biblical for children to overcome depression and trauma.

Typically, the Nigerian government, the Church, and non-governmental peace organizations focus primarily on the counterterrorism of Boko Haram and Fulani terrorist groups but fail to address the impact. However, this study will advocate for the Nigerian children affected by the Boko Haram and Fulani insurgency by addressing the psychological effects on the people of Nigeria. This research is a wakeful confirmation for Pastors to boost their ministry to the healing ministry for their congregations suffering from the impact of the psychological trauma of terrorism, war, and armed conflict in the country. Often, most Pastors in Nigeria only concentrate on the adults concerning spiritual matters without precautions on the children's trauma. Studying the psychological impact of Boko Haram and Fulani terrorism on Nigerian children may strengthen the Pastoral and Chaplains' role in understanding the connections between terrorism and children's mental health in the Church and society. A comprehensive analysis of the psychology of terrorism in Nigeria can offer an assessment and assist the Church in elucidating how communities, individuals, families, and government institutions adapt to the crisis in Nigeria.

In summary, this sensational study aims to identify the psychological effects of Boko Haram terrorist attacks. It examines the nature of support services children receive following the trauma of terrorism in Nigeria. While exploring the psychological impact of terrorist activities on Nigerian children, this paper will serve as background information for the final project.

Conclusion

Pastoral ministry in Nigeria is an act of concern, sympathy, and love, especially for people in hopeless situations such as sickness and those exposed to trauma and grief. It must respond to human needs such as suffering and lack of wholeness, which is moral injury, but that is not the case. People with traumatic, medical, spiritual, psychological, and moral wounds from war atrocities need pastoral care for healing and sustenance. Both the Chaplains and Pastors in Nigeria must engage in healing war victims' injuries due to armed conflict. As Brian Croft calls out, they must protect their audience, "Pastors, make it your aim to guard the good deposit entrusted to you until the chief shepherd returns."⁶ Pastoral care is successful when we provide spiritual comfort and biblically sound counsel to the victims, spiritually and mentally; it must be physical and emotional.

It uses Bible stories and stories from victims of war and ethnic conflict and suggests a biblical approach to healing trauma for Chaplains, Pastors, various service systems, and stakeholder groups. A hypothesis will be recommended for Chaplains and Pastors to improve child well-being and juvenile justice or expand a child's capacity to cope with traumatic experiences in peacebuilding in different settings. It also offers a practical approach for chaplains and pastors to engage the Bible and find mental health principles for God's healing of the wounds of the hearts of traumatized victims. Finally, this dissertation hopes to provide a robust solution to restore the wounded souls of armed conflict in Nigeria and establish forgiveness and reconciliation. This study serves as a means for Chaplains and Church leaders to care for Children and parishioners who have experienced the darkest part of their lives during the war, armed conflict, sexual violence,

⁶ Brian, Croft. *The Pastor's Ministry: Biblical Priorities for Faithful Shepherds* (Grand Rapids: MI. Zondervan, 2015) 50.

and rape. It will also help individuals who are struggling with suffering. It provides core mental health principles within a biblical framework and technique. It uses practical biblical strategies for Pastors on healing trauma in the Church and society, beginning from the work of Christ on the cross and the truths of the Word of God. In conclusion, I hope this project will provide robust pastoral care and understanding to victims of an ongoing conflict and war in northern Nigeria and the victims' need to tell their stories and grieve for sustainable trauma transformation.

CHAPTER TWO

BIBLICAL FOUNDATIONS

Many people in Nigeria usually avoid discussing their trauma and are ashamed to reopen old wounds or expose their vulnerabilities. It shouldn't be so anymore. There is a new shift that survivors of trauma need to recount their horrific experiences and bring up trauma language in everyday conversations—especially with trauma therapists and Christian counselors. This shift will encourage talk about the painful things we've been through. As an ordained minister and a clinical chaplain, I get asked about what it means to be trauma-informed as many communities in Nigeria, especially in Jebbu-Miango, increasingly recognize the enduring impact that traumatic situations can have upon people. Trauma survivors need to express their interest in “trauma-informed” therapists, counselors, and materials because such a term offers hope that there may be something that is missing from other forms of care. Other well-meaning individuals find the term puzzling, wondering if it is simply a buzzword of the day. As a chaplain, it is good for Christian men and women of the church to ask these kinds of questions: What does the Bible have to do with trauma and safeguarding us from over- or under-spiritualizing trauma? If someone asks whether the Bible recognizes and records these traumatic events, we quickly see that all kinds of them weigh down the pages of Scripture. Who can forget the brutal sexual violence suffered by women like Dinah (Gen. 34) or Tamar (2 Sam. 13)? Who cannot feel parental horror as infants and toddlers are killed by power-

hungry, paranoid rulers (Ex. 1–2, Matt. 2)? David’s intense rage radiates from Psalm 52 as he stares into Doeg’s extermination of the priests and their families at Nob (1 Sam. 22). Perhaps most strikingly, the prophet’s deep grief pours out from Lamentations as he looks at the mangled bodies of children—dead from starvation, the swords of the enemy, and the unimaginable hunger of their parents.

Our holy book is full of terrifying things and is not new to the deep depths of human suffering. If the Bible did not capture the deepest, blackest, vilest sorrows that can befall people, we could not be certain that its true and precious promises apply to such situations. It’s one thing to affirm, “The Lord is my shepherd,” when the sky is bright, and you sit in a church composed of firm stone and majestic beauty. It’s another to affirm it when you’re tending to a nation full of women who have suffered from the rape-as-weapon assaults of a cruel army (Lam. 5:11). But promises like “I will not leave you as orphans” (John 14:18) and “Even though I walk through the darkest valley ... you are with me” (Ps. 23:4) stand alongside the most grim and awful human situations. Although the Bible speaks of and into traumatic situations—showing us how our bodies and souls are impacted by extreme stress (Ps. 88) and offering us the beautiful truths detailed above—it does not tell us everything about trauma care.

The Bible offers us critical things that we cannot find anywhere else—the comfort of God Almighty, regeneration, the power to fight evil, the presence of the Holy Spirit, and a thousand others. Paul wrote to the church that of all these things, God is with us. He said:

What, then, shall we say in response to these things? If God is for us, who can be against us? He who did not spare his own Son, but gave him up for us all—how will he not also, along with him, graciously give us all things? Who will bring any charge against those whom God has chosen? It is God who justifies. Who, then, is

the one who condemns? No one. Christ Jesus who died—more than that, who was raised to life—is at the right hand of God and is also interceding for us. Who shall separate us from the love of Christ? Shall trouble or hardship or persecution or famine or nakedness or danger or sword? As it is written: “For your sake we face death all day long; we are considered as sheep to be slaughtered.” No, in all these things we are more than conquerors through him who loved us. For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord.

Other times, however, when someone asks if the Bible is trauma-informed. They are wondering if the Bible says everything we need to know to offer the best care available. It’s as though they’re saying, “We use the Bible, so we are automatically trauma-informed.” The Bible confirms and gives us lenses to see how breathing techniques and all the rest can help people made of body and soul. Being a trauma-informed Christian requires a deep and thorough knowledge of the Scriptures. It also requires other knowledge that God has given us through different disciplines and the world he has made. Being trauma-informed isn’t a hat tip to a “snowflake” generation’s oversensitivity. Instead, it’s based on the recognition that wounds cut deeply, and some wounds are more injurious than others. God has much to say in both situations through His Word. Being trauma-informed doesn’t mean that life’s struggles somehow supersede God’s Word; instead, it means that those life struggles are deeply relevant to the process of discipleship. As Christians, we have something that no one else does as we offer trauma-informed care. We have a God who can bring life where there is none. We have a God who provides meaning and hope where there is none. We have a God who makes beauty from ashes. He has given us his Word and tools to engage this vast mission field. And we, his ambassadors, show his excellence and goodness as we offer the best form of trauma care possible.

The Bible as a Record of Trauma

Right from creation and soon after the fall of humanity, the conflict became part of human nature. The Jebbu-Miango community in Bassa Local Government Area of Plateau state, Nigeria, is witnessing continuous attacks and violence, including killings perpetrated by Islamic terrorist groups in the name of religion. This ongoing violence is slowly worsening the mental health of Christians in Nigeria significantly, including Christian women and children. The Plateau state government has failed in responding to this violence; it has been unable to identify affected individuals and intervene or act justly against the perpetrators. The experience of the people of Jebbu-Miango is horrific and causes hopelessness.

The attackers have no limitations against their victims regarding age, gender, socioeconomic, physical status, race, ethnicity, geographical location, and sexual orientation. When physical and emotional violence such as Boko Haram and Fulani terrorism occurs against someone, a trauma disorder is often the outcome. The spirit and sense of life within the victim become stagnant, stopping the mind from functioning well or being active. The trauma and ongoing threat deeply interrupt individuals' psychological, spiritual, and emotional equilibrium, changing the body so the traumatic person gets trapped. This type of situation often results in aggression, anxiety, tension, sexual abuse, neglect, loss, and all the accompanying hardships associated with those experiences. Indisputably, armed conflict and war increase health problems and harm humans. It places a challenging situation on individuals, families, the Church, and society.

The Bible contains the story of people who survive against all odds of wars, displacements, and captivity. The Old Testament prophetic books present communities

suffering individual and collective traumatic events and life disruptions. For example, right after the first chapter of Genesis, you will come across stories of murder (Gen. 4), rape (Gen. 34), disintegration (Judges 19; 1 Sam 18), kidnapping, and forced marriages (Judges 21). We also, forced migration and infanticide (Ps 137), slavery (Ex. 21, Liv. 25; Dt. 15), genocide (Jos. 1-12), cannibalism (2 Kgs. 6-7), and injustice (1-2 Kgs). As God's chosen holy nation, we must listen and respond. We must listen to our traumatized children and advocate for them to help turn their situation into renewed hope and possibilities. Christ called the Church into the healing ministry for the sick (Matthew 10:1; Luke 9:1; 1 Cor. 12:28) and must engage in the healing journey for children affected by war and conflict in Nigeria.

This study aims to provide a practical approach to engaging the Bible through the lens of trauma and finding holistic pastoral care principles for healing the wounds of the traumatized victims in Jebbu-Miango in Jos, Nigeria. The study offers a Biblical and Theological concept for trauma therapy for affected communities in Nigeria, especially the Jebbu-Miango community, recently affected by armed conflict and war. Finally, it inspires and motivates Pastors to engage in reasonable psychotherapeutic and pastoral care for traumatized victims of the Boko Haram/Fulani terrorism in Jebbu-Miango and northern Nigeria.

The Background of the Book of Ezekiel

The book of Ezekiel is both the book's title and the author's name. Ezekiel means “God strengthens, or May God strengthen.”¹ He was married (see 24:15–24), although he

¹Robert Jamieson, A. R. Fausset and David Brown. A Commentary, Critical, Practical, and Explanatory on the Old and New Testaments (internet) 1882, <https://biblehub.com/commentaries/ezekiel/1->

was uncertain about having children. He was a priest and lived out his prophetic career among the community of exiled Judeans in Babylon. He was called to proclaim a message of uncompromising judgment and restoration of the Israelites. The book of Ezekiel was written in the fourth year of exile; however, the date is not specific. Scholars have suggested that Ezekiel was written at the time of the deportation of King Jehoiachin and the leaders of Israel to Babylon in 593 BC (2 Kings 24:10–16). Still, the book is organized around the event of Jerusalem's fall before that catastrophe. Ezekiel's primary audience is the exilic community in Babylon. Ezekiel describes their exile and seeks to look again toward their hope and restore their relationship with God. The key verse is, "My dwelling place shall be with them; I will be their God, and they shall be my people. Then the nations shall know that I the LORD sanctify Israel when my sanctuary is among

1.htm. The name Ezekiel means "(whom) God will strengthen" [Gesenius] or "God will prevail" [Rosenmuller]. His father was Buzi (Eze 1:3), a priest, and he probably exercised the priestly office himself at Jerusalem, previous to his captivity, as appears from the matured priestly character to be seen in his prophecies, a circumstance which much increased his influence with his captive fellow countrymen at Babylon. Tradition represents Sarera as the land of his nativity. His call to prophesy was in the fifth year from the date of his being carried away with Jehoiachin (see 2Ki 24:11-15) by Nebuchadnezzar, 599 B.C. The best portions of the people seem to have been among the first carried away (Eze 11:16; Jer 24:2-7, 8, 10). The ungodly were willing to do anything to remain in their native land; whereas the godly believed the prophets and obeyed the first summons to surrender, as the only path to safety. This latter, as adhering to the theocratic principle, was among the earliest to be removed by the Chaldeans, who believed that, if they were out of the way, the nation would fall to pieces of itself. They were despised by their brethren in the Holy Land not yet captives, as having no share in the temple sacrifices. Thus, Ezekiel's sphere of labor was one happier and less impeded by his countrymen than that of Jeremiah at home. The vicinity of the river Chebar, which flows into the Euphrates near Circeslum, was the first scene of his prophecies (Eze 1:1). Tel-Abib there (now Thallaba) was his place of residence (Eze 3:15), whither the elders used to come to inquire as to God's messages through him. They were eager to return to Jerusalem, but he taught them that they must return to their God first. He continued to prophesy for at least twenty-two years, that is, to the twenty-seventh year of the captivity (Eze 29:17), and probably remained with the captives by the Chebar the rest of his life. A treatise, falsely attributed to Epiphanius, states a tradition that he was killed at Babylon by a prince of his people whom he had reproved for idolatry. He was contemporary with Jeremiah and Daniel. The former had prophesied for thirty-four years before Ezekiel and continued for six or seven years after him. The call of Ezekiel followed the very next year after the communication of Jeremiah's predictions to Babylon (Jer. 51:59) and was divinely intended as a sequel to them.

them forever.” (Ezekiel 37:27–28, NRSV). The book of Ezekiel is orderly and structured around the hinge of the destruction of Jerusalem in 586 B.C.

The desolation of Jerusalem and the exile of the Judeans is in chapters 1–25, though (Chapter 5 speaks about parents eating children and children eating parents. Chapter 8 discusses the extraordinary narratives of the Lord and Cherubim and creeping creatures crawling all over the Temple. Chapters 16 and 23 explicitly present Israel as an unfaithful wife and an adulterous sister, while chapters 22 and 24 describe Jerusalem as a blood-drenched city). Chapters 26–32 are prophecies concerning the foreign nations, while chapters 33–48 present the central message on the movement and the restoration of the exiles. These clarifications powerfully suggest that both content and form contribute to the message in Ezekiel’s book. It was during the reign of Rehoboam the kingdom was divided into the Northern Kingdom of Israel and the Southern Kingdom of Judah. Both domains lasted for a while. In the 700s B.C.E., the large neighboring empire of the Assyrians invaded and destroyed the Northern kingdom, while the defenseless Southern kingdom was left helpless. Later, the Babylonians invaded the Southern kingdom and destroyed the Temple, killing many in brutal warfare and taking the leaders into captivity.

The Traumatized Ezekiel and the Traumatized People of God

The first twenty-five chapters of Ezekiel demonstrate symbolic action, vision, and metaphors that witness the inhabitants’ destruction and deportation. Each of these features is distinct from the devastation of the city. For Christians who have experienced violence, persecution, and terrorism worldwide, such Bible passages speak to their trauma. Many readers who are victims of violence and internal conflict, approaching

the Bible with curiosity, come to Scripture to find comfort but only find more agony. Such people will prefer to close the Bible and walk away, convinced that the answers don't exist or, at best, might be somewhere else. Still, some do turn to comforting passages for inspiration or consolation. Of course, others are somewhere in between, neither finding what they need nor altogether in despair that their God is absent in the face of wrenching reality. The events in Ezekiel chapters 1-25 reverberate through the centuries as we see violence, betrayal, and the corrupt human heart displayed again in the ongoing Boko Haram/Fulani terrorism in Nigeria.

The first 25 chapters of the book of Ezekiel are perplexing; they contain the tale of Israel's history during one of its darkest periods. Hauntingly, they describe the traumatic events the people of Jebbu-Miango are experiencing. The chapters primarily are a deep dive into loss, violence, and destruction. Ezekiel suffers the trauma himself, as Ruth Poser states in the work of Elizabeth and Christopher in the *Bible through the lens of trauma*.

Poser says, "Ezekiel's mutism is a phenomenon that continues to puzzle researchers, but it can be plausibly interpreted as generated by trauma."² While drawing from Dori Laub's work, Poser adds that "many survivors of violence thus come to see

² Ruth Poser, in *Bible Through the Lens of Trauma* by Elizabeth Boase and Christopher G. Frechette (Atlanta, GA: SBL Press, 2016) p. 27-32. The Prophet falls silent (!) after he is forced to eat a scroll covered with words of lamentation and mourning (2:8b-3:3). That is states "as sweet as honey" in Ezekiel's mouth is as Robbi David Kimchi puts it, perhaps simply a reference to the strange circumstance that possible to eat the scroll at all, but it poisons" not only Ezekiel's "breath" (ruah) but also his speech – and leaves him "stunned" (3:14-15). Shortly after, YHWH announces that he will make the prophet's tongue cling to the roof of his mouth and render him mute (3:25-26; cf. 24:25-27). Ezekiel cannot speak unless YHWH addresses him (3:27). The Prophet regains the power of speech only when news of the destruction of Jerusalem reaches him, and he has grasped it as a fact (33:21-22). The narrative of Ezekiel presents its protagonist as a traumatized victim of violence who, in this respect, bears a strong resemblance to David's daughter Tamar (2 Sam 13:20) and Job (Job 2:12-13) or (a people caught up in a sudden attack at night by the Fulani terrorists). As such, he becomes a prophet and embodiment of trauma for the house of Israel and readers of the text.

silence as a more appropriate response to what they have suffered.”³ One reason for remaining silent is the “difficulty of finding an empathetic listener who can hear the anguish of one’s memories and thus affirms and recognizes their realness.”⁴ Most young girls and women in the Jebbu-Miango community are experiencing the trauma of sexual violence from their perpetrators. They prefer to retreat and isolate themselves as, in that case, their experience emerges with the exilic period.

Like the prophet Ezekiel, the Church is responsible for listening to such people and providing biblical psychotherapy and care. The Church must encourage pastoral care and clinical therapy, especially for the traumatized victims and children who are experiencing nightmares and cannot yet speak for themselves due to the violent events carried out by the Boko Haram and Fulani terrorists. As Poser laments, “It is challenging to listen to an account of trauma....”⁵ Similarly, Bethany Haley Williams sobs, saying, “Some stories are so horrific that they beg not to be told, but they must be... shared. These stories are – realities – lived out loud, by children who have survived the war and [insurgency of Boko Haram and Fulani herdsmen] and by courageous men and women.”⁶ Bethany suggests, “By telling our stories, ...we step into the stories of others and give them hope for what the other side of pain can look like.”

³ Ruth Poser, in *Bible Through the Lens of Trauma*, 34.

⁴ Ruth Poser, in *Bible in the Lens of Trauma*, 37.

⁵ Ruth Poser, in *Bible in the Lens of Trauma*, 37.

⁶ Bethany Haley Williams, *The Color of Grace: How one Woman’s Brokenness Brought Healing and Hope to Child Survivors of War* (Nashville, NY: Howard Books, 2016) xxi.

In contrast, interpreting chapters 4 and 5 of Ezekiel in the context of trauma. My former professor of Old Testament at Earlham School of Religion, Richmond, Indiana, Nancy R. Bowen, believes that "...the traumatized people of Jerusalem... look like the acts of victims who continue to live the trauma..."⁷ The victims must find space to tell their traumatic experience to a trusted person, a pastor-therapist. David G. Garber, Jr. states in his dissertation *Trauma, History, and Survival in Ezekiel 1-24* that: "while the prophet is struck mute (3:26), he performs several unusual actions,"⁸ that is like one who is traumatized. According to the Scripture, the prophet Ezekiel bound himself up in cords and lay on his side for extended amounts of time (4:4-8). He cooked and ate bread using excrement as grease (4:9-15) and wholly shaved and used the shaved hair to symbolize the fate of the people of Jerusalem (5:1-4). The prophet also experiences nightmarish visions that describe the divine agent of the destruction and the slaughter of Jerusalem's populace (Ch. 8-11).

Ezekiel's actions bear symbols of trauma. In Boase and Frechette's collection, Poser examines trauma representations of Ezekiel to explain both the literary characters and the psychological trauma.⁹ As mentioned earlier, the book of Ezekiel addresses an exilic audience that has just been through a devastating war. In their confusion, the deportees are desperate to understand Jerusalem's destruction when they thought God's promises were trustworthy and the resulting new exilic environment. Not only are they

⁷ Nancy R. Bowen, *Abingdon Old Testament Commentaries* (Nashville, TN: Abingdon Press, 2010), 209.

⁸ David G. Garber, Jr. *Trauma, History, and Survival in Ezekiel 1-24* (Atlanta, GA: ProQuest Dissertations Publishing, 2005) Accessed September 20, 2021. <https://www.proquest.com/3176021>.

⁹ Ruth Poser, in *Bible Through the Lens of Trauma*, 43-44

trying to understand and find their place in a new environment, but they are also trying to work through the experience of losing a war. And the resulting exile in the face of what they previously understood as an all-powerful God who would protect them. Is it a betrayal by the Faithful One, or has their complete understanding of the world been a lie? How do they get their head around it? How do they make it understandable? The exiles' collective trauma could be considered the primary theme of Ezekiel chapters 1-25. Expelling someone away from his birthplace is irreparable and traumatic, analogous to death, and a profound loss. And even if the person eventually returns to his homeland, those losses can never be erased. Their violent reality challenges their faith in a good God. It helps them see their participation directly and indirectly in the traumatic experiences of others, carry those traumas forward with them, and see their future considering the past. The killing and extermination of the people of Jebbu-Miango by Boko Haram and Fulani represents such a profound loss and may lead to post-traumatic stress disorder.

Ezekiel's employment of metaphors of the Chariot in chapters 1-2, the eating of a *scroll* (2:8-3:3), lying on his left side (4:4-8), and cooking food on human excrement (4:9-17). Shaving his hair and beard, dividing the hair into three, burning one of them, cutting the other third with the sword, and scattering it in the wind (5:1-4) was to express his grief and to process the loss. He repeatedly falls on his face or pleads before God, and the spirit of God takes him to different places. The peak of the devastation is in chapters 16 and 23. However, reading these Bible texts slowly, thoroughly, and with attention to historical, cultural, and theological imaginations allows the victim to see that God meets people where they are. They reflect upon critical moments of their condition,

knowing it is not God's final word for their situation. Therefore, such people need inspiration to help them craft a path back toward God when the previous bond with God has been challenged or destroyed.

The study of trauma shows that post-traumatic stress disorder develops from suffering and the impact of disastrous events on the human psyche. Both individual and communal traumatic events are laid bare before the reader in this passage. Therefore, these traumatic events have powerful resonances with contemporary ones, particularly in the present state of Nigeria. A traumatic experience is a potential threat to human life and well-being. Every violent event, a feeling of horror, and helplessness, such as war, incarceration, abduction, torture, criminality, and sexual assault, often results in a traumatic condition. Situations such as traffic accidents, work accidents, extreme poverty, threats of violence, extortion, human trafficking, and epidemics can also result in trauma. These traumatic conditions demoralize the feeling of security, self-confidence, and mental health and overwhelm a person's well-being. Therefore, traumatic events significantly affect individuals, families, friends, and communities. It damages a person's faith, and the victim is caught up in an existential crisis that splinters the meaning of life. For example, in the book of Job, another piece of literature that emerges from the experience of extreme trauma, in the text narrative, Job loses all his children, possessions, and health. As a result, Job is thrown into a state of emotional disorder. The book also includes the prose narrative that describes the tragic events that have destroyed Job's life due to a seemingly little wager between two celestial beings, Satan and God.

Trauma studies show that trauma often leaves its victims bewildered, without language to voice what has happened to them. Here, we see how Job experiences an

initial loss of speech. He is left seven days and seven nights in silence (Job 2:13). Even when Job starts to speak, his language and metaphors are about the turmoil and violence he has experienced – he can't see anything but the trauma! For instance, in 6:4, Job voices his violated experience by saying that God's arrows have pierced his diseased body. In Chapter 3, Job describes the extent of the turbulence that caused his life trauma (Job 3:4-8). Similarly, Ezekiel's symbolic acts, such as his muteness and the fragmented language, reflect his traumatic experience.

In this context of extreme suffering, language falls short of capturing the depth of despair experienced by the trauma victims. The evidence of mutism in both Ezekiel and Job may offer some important insights for understanding the calamity of the Jebbu-Miango. More generally, many Christians have suffered from the Boko Haram/Fulani insurgency in Nigeria and have experienced the resulting trauma. Traumatic events harm a person's physical and mental well-being and can cause humiliation, making the victim depressed about his existence. This state leads to a sense of shame on top of the already devastating sense of helplessness, actual physical injury, and disrespect shown by the offender. Feelings of guilt and worthlessness can also accompany the feeling of shame.

In some cases, the victim may feel a sense of self-guilt as a mental survival mechanism, irritation, and chaos. The victim's guilt is connected to his urge to strike out in imitation of the offender—to be as violent as him. Often, the victim can show such behavior in the early reaction stage of his traumatic event. Typically, he will look for the closest and most available source of consolation, which sometimes is a desperate attempt to once again power, even violently. On the other hand, some experience a crisis, abandonment, and loss of their essential truth and seek spiritual deliverance. The sense of

abandonment embodies loneliness, which can develop into depression. The traumatized victim usually struggles to eliminate the traumatic condition from consciousness through any means necessary. Still, he cannot do so due to his verbal inability to express anything from the trauma, especially his experiences and feelings. As a result, their expression generally becomes symptomatic as the trauma cannot be contained and “leaks out” in unanticipated, uncontrolled ways. In the wake of the traumatic experiences, the usual contrivances of the person’s cognition are incapacitated. This may result in the victim’s inability to remember the traumatic event within the framework of his ordinary consciousness. Alternatively, the victim could displace their sense of time and comprehend the event as not belonging to the past but instead to the present, and he occasionally adventures it in his consciousness.

Clinically, symptomatic trauma victims are usually diagnosed with post-traumatic stress disorder. When symptoms persist, they interfere with daily living, including flashbacks and anxiety. Even in non-violent cases, e.g., where a member of the entire family emigrates to a strange country, they struggle for survival. It can escalate from being merely stressful and psychological to demoralizing. The situation usually becomes hard when no support from family or friends is available. Personal networks, connections, and support are critical protective factors in all traumas. There is also a loss of culture, which may develop into *culture shock*. The situation in Ezekiel can be described as a loss of culture, including physical, social, and cultural knowledge of the contexts, as well as loss of language, beliefs, and socioeconomic status. Therefore, the exiles might have experienced a cultural shock in Babylon. Like all personal experiences, *cultural shock* differs based on the specifics of the individual.

The event and purpose of the immigration, for example, I shivered as soon as I stepped off the airplane on my arrival in the United States due to the cold weather when the freezing breeze of the United States hit me. Waiting for the next airline to California, I sat at the embarkation alone with thousands of unfamiliar faces, and none seemed to speak my language (Rukuba) or even Hausa, Yoruba, or Igbo. I looked across the airport with an unknown emotion as the aircraft diminished in size. The gradual disappearance of the familiar airline logo (Lufthansa, British Airline, Turkish Airline, etc.) seemed to delete my connection with my homeland across the Atlantic Ocean. Moving to a new country can be traumatic, causing a loss of one's identity, family, friends, and everything. I knew how the system in my country worked, and I had a strong network of family and friends, but now I didn't have any of that when I first came here. I had undeniably felt a compelling emptiness and loneliness from the sudden rapture of family and friends as tears ran down my cheeks.

A few days later, in the United States, I was breaking down, and it was an emotional flashback I struggled to comprehend, which I felt like picking up my luggage and heading out to the next flight to Nigeria. I was psychologically traumatized and feeling lonely. When I looked across the airport with an unknown emotion as the aircraft diminished in size, the gradual disappearance of the familiar airline logo seemed to delete my connection with my homeland, Nigeria; this type of situation can lead an immigrant to a mental problem. Such a crucial and challenging situation transmits evidence for post-traumatic growth in the wake of the immigrants/exile's deportation. Mental health problems may result from violent acts or accidents; however, displacement can intensify traumatic conditions in individuals and communities.

As we notice in the book of Ezekiel, trauma can intimidate and even destroy a person's assumptive world or essential beliefs. I am still in shock whenever I think of the extermination of the Jebbu-Miango men, women, and children. Like the rubble and remains of the buildings still littering the ground, I am without any hope of returning home. It is like an old wound that will never completely heal. The memories of wreckages still come to me unexpectedly, and I'm back in my grief, lamenting their loss. The Fulani killing of my close friends and others launched me to understand how God meets us in our grief, loss, and suffering and what Scripture tells us about this. In the book of Ezekiel, victims of Jebbu-Miango can find a friend to walk through the challenging road during this journey. Ezekiel continues to offer a way through trauma and move towards hope for us today. In the first 25 chapters, Ezekiel provides a vision of the real pain, loss, and violence many people in Jebbu-Miango will find resonant with their experiences. They have been through the same destruction of war and displacement from their homes as Ezekiel experienced in his loss, grief, and suffering; we have all known it. We have all questioned the presence of God in the clutter and darkness of life. However, even though the book of Ezekiel may not remove the pain and the fatalities of the people of Jebbu-Miango, nor deduct our suffering, it provides a path for understanding how God meets us in our pain and grief. It gives us a chance for God to restore us because the appalling images establish the authenticity of the traumatic condition in the book of Ezekiel.

These peculiar features can help Pastors and Chaplains understand the inexplicable condition of the lives of refugees and victims of the trauma of the Jebbu-Miango people. The experience of the Jebbu-Miango invasion by the Fulani terrorists

disrupts the people's mental health and peace. Considering the Jebbu-Miango disruption, this research tries to reconstruct the expertise to lessen the trauma and succeeding stress of the displaced people. Trauma can disrupt the victim's narrative about himself and his condition. It can shatter the victim's presumptions about his protection and his environment. These protective assumptions of the trauma victim bestow a feeling of helplessness, vulnerability, and confusion. After the devastating event, the trauma victim will try to reenact himself by answering questions about his traumatic event, such as – *what happened and why*. For example, Ezekiel is more than a description of the aftermath of a traumatic event. A community attempts to work through its traumatic experiences. To survive the aftermath of a traumatic experience, a victim focuses on reconstructing his narrative about the tragic event, trying to make sense of life as he experienced it. The victim will stumble over the dilemma until she picks up each piece, dissects it, and tries to fit it into the broken pieces. However, the victim may not necessarily return to the original description; instead, renewed hope comes when he creates a *new narrative* that makes sense considering the event. This new narrative can heal the tremor of the devastating event and restore meaning to the victim and his community.

Conclusion

Ezekiel 20 presents a narrative that disorients his audience. They already suffer from the trauma of the Babylonian conquest and exile, and his return to what they thought they knew exacerbates that suffering and disorientation. The war has destroyed the cultural institutions that provided them an identity, and Ezekiel ensures these cultural institutions remain lifeless. Their narratives about their safety, world, and place within

that world have also been shattered. When the exiles try to put their lives back together, reconstructing a narrative about what happened and why, Ezekiel rejects the narratives that emphasize the innocence of the Israelites or the blessings their status as the people of the Lord elicits. Ezekiel accomplishes this rejection and disorientation by rewriting the history of Israel and providing a new telling of the exodus narrative tradition. Through history writing, Ezekiel cuts quickly to an identity-forming narrative. The Exodus narrative tradition is a significant figure of memory that provides the Israelites with a sense of hope. In another telling of this tradition in Deuteronomy, Joshua, and the Psalms, the Lord cares for the Israelites and answers them when they cry. By rejecting these other telling and disorienting his audience's understanding of this narrative, Ezekiel destabilizes this figure of memory and their identity.

The purpose of this disorientation is not to make people feel worse than they already do. Ezekiel has helped bring them to a place where they are ready for a new identity. Through Ezekiel's disorienting history, the words of the Israelites are indeed the words of the dry bones in chapter 37. "They say, 'Our bones are dried up, and our hope is lost; we are cut off completely'" (37:11 NRSV). The Lord can provide them a new identity in the face of this disorientation, providing them hope for the future. Therefore prophesy, and say to them, thus says the Lord God: I am going to open your graves, and bring you up from your graves, O my people; and I will bring you back to the land of Israel. And you shall know that I am the Lord when I open your graves and bring you up from your graves, O my people. I will put my spirit within you, and you shall live, and I will place you on your soil (Ezekiel 37:12-14 NRSV). They are now prepared for this

new orientation in which their identity is not found in cultural institutions and past figures of memory but in a new future in which they can truly live.

The Pastoral Ministry includes teaching, preaching, discipleship, pastoral care, counseling, building lasting relationships, and providing spiritual guidance, encouragement, and consolation. It also contains unrelenting visitation of members, provision of spiritual comfort, and sound biblical counsel on social and spiritual matters. Therefore, the Pastoral Ministry should be practical, emotional, and spiritual, just as any career health caregiver. It ought to be an essential discipline to help treat post-traumatic stress disorder and seek to address the existential stress of members and heal the traumatized wounds spiritually, mentally, morally, and religiously. It should be an act of concern, sympathy, benevolence, kindness, and love, especially to people in hopeless situations, such as the sick, the afflicted, and the grieving. It must respond to human needs such as suffering and lack of wholeness, which is moral injury, but that is not the case. But today, many Pastors in Nigeria are *throwing the baby out with the bathwater* – neglecting their God-given responsibilities of caring for the flock. Instead, the Pastoral Ministry must be steadfast in her calling to provide peace and love to her traumatized congregation and society. People with traumatic, medical, spiritual, psychological, and moral wounds from war atrocities need clinical and pastoral care for healing and sustenance. Pastors and Chaplains in Nigeria must engage in healing, war victims’ injuries, and armed conflict. They must protect their audience as Brian Croft calls out, “Pastors, make it your aim to guard the good deposit entrusted to you until the chief shepherd returns.”¹⁰ Clinical and Pastoral care is successful when we provide spiritual

¹⁰ Brian Croft, *The Pastor’s Ministry: Biblical Priorities for Faithful Shepherds* (Grand Rapids, MI: Zondervan, 2015), 50.

comfort and biblically sound counsel to the people, especially victims of traumatic experiences. We must be spiritually and mentally minded and provide physical and emotional care in all ways.

CHAPTER THREE

HISTORICAL FOUNDATIONS

In mid-July through August, I received a call from my family that Fulani attacked the Jebbu-Miango community, burned down over 500 houses, displaced over 30,000 people, killed more than 71 people, and destroyed some crops on every farm. The phone almost dropped from my hand, and tears ran down my cheeks. I became twitchy; my chest ached, my breath melted, and my lungs brawled. I began to know how children feel when their parents are macheted, killed, raped, and gunned down right before their eyes. This must be similar to how the Israelites felt when they struggled with the destruction of Jerusalem. It is my home! I remembered some of my close friends that the Fulanis killed. I broke with tremors, loss, and anguish that had broken over me; why had he let it happen? The attack on the people of Jebbu-Miango was not the first time the Fulani had attacked non-combatants, but this latest episode became the ill-fated spark for a massacre.

Between early July and August 14, the Fulani assailants gruesomely butchered more than seventy-one in Jebbu-Miango; the murdered individuals were mainly women and children. Despite the security personnel in the volatile community of the Bassa Local Government Area (more than fifteen villages in the Miango district, including Jebbu-Miango, Nkiehwie, Zahwra, Tafi Gana, and others), all the previous occupants have been displaced by these Fulani militias. In particular, the Fulani assailants struck Jebbu-Miango consistently until it was essentially under siege. The Fulanis ambushed the

people on August 2; about 200 Fulani assailants surrounded Jebbu-Miango. According to Samaila Doro, “The Fulani militants were so organized. Some were shooting, and others were scavenging and setting houses ablaze.”¹ On July 28, when ten houses were razed, the residents had to beg the Police for help. Rev. Doro said, “We gathered bullets for them to defend the community since they claimed they could be punished if their bullets were not complete at the time of auditing before their superiors.”² Over 30,000 were displaced between July and August. Residents in Rukuba Road and Jos, the capital of Plateau State, have become dazed with displaced women and children who could escape the attackers.

The Jebbu-Miango massacre became known to many Nigerians after killing 22 Muslim travelers in Rukuba Road on August 14. Still, findings revealed that the attack had an undertone of pre-existing grievances. Samaila Doro also reports, “On August 10, during Hon. Istifanus Gyang’s visit to Jebbu-Miango to access the level of the ruins, three women were hacked to death while harvesting potatoes on the farm.”³ Before that day, the community had kept three corpses to show the senator three more people were killed,”⁴ which prompted several more subsequent killings of Jebbu-Miango people and the surrounding villages. The Miango Youth Development Association President, Mr. Yakubu Nuhu, laments that “whenever there is a visit like that. The officers are in the

¹ Samaila Doro, Phone interview with the author. October 15, 2021.

² Samaila Doro, 2021.

³ Samaila Doro, 2021.

⁴ Yakubu Nuhu, Phone interview with the author, October 15, 2021.

entourage, and the enemies are alerted and use that opportunity to infiltrate unguarded villages.

A Momentary History and the Recent Situation of Nigeria

Nigeria is the most populous country in Africa; it is a multi-ethnic, multicultural, multi-regional, and multi-religious society. Nigeria is on West Africa's coast and towards the Atlantic Ocean. It is the most populated country in Africa, with over 200 million people, over 250 ethnic groups, and more than 526 spoken languages. The official language of Nigeria is English; however, Yoruba is spoken in the south and southwest, Igbo in the East, and Hausa in the North. Nigeria has 36 democratic states, including Abuja's Federal Capital Territory (FCT).

Islam and Christianity are Nigeria's two major religious groups, significantly influencing the country's socio-economic, cultural, and political life. Islam and Christianity interrelate in their concept of God compared to other religious groups in Nigeria, which don't share the same basic structure. The relationship between individuals and religious groups (mainly Christians and Muslims) has been cordial and peaceful for some time. Today, things have changed as a result of unspeakable violence. Before creating Nigeria, the people lived peacefully within ethnic groups, and religion was their traditional form of administration, including leaders who kept unity and peace within the community. There were well-organized empires and kingdoms, and various customs became part of their system. Diverse tribal groups had developed strategies that operated well internally and between the different groups.

In contrast, the reality of Nigeria today is full of violent extremism and insurgency. Boko Haram has advanced into constant killings of citizens in the northeast since 2009. Though conflicts are an inescapable reality confronting all society, poorly managed conflict negatively impacts people's lives. Conflicts can be opportunities that present us with challenges and choices that reflect and shape our identity. From the pre-colonial era in the early 17th century, northern Nigeria has witnessed a form of revolution through Islamic Jihad by Uthman Dan Fodio. He conquered and unseated most of the Empires and Kingdoms in the north and formed a Caliphate in Sokoto. Uthman Dan Fodio firmly stood for Islam's interest and opposed other religions' practices. Dan Fodio propounded a Shari'a law and appointed only rulers who belonged to the movement. The Sokoto Caliphate brought most of the north under a single Islamic government in 1809. The leaders became people of a single tribe (the Fulani). The British government conquered the Caliphate through military power but did not abolish its Emirate administration system; instead, they allowed it to continue.

The Colonial administrator amalgamated different ethnic groups and regions in Nigeria without recognizing their ethnic background or other sources of conflict. Conflicts over ethnicity and religion were likely seen as a way to balance indigenous groups. Therefore, they were often used as a pretext for violence, creating unavoidable conflicts. Inconsistencies in British policy reinforced cleavages based on regional animosities by preserving each area's indigenous cultures and introducing modern technology and Western political and social concepts. The North became hierarchical in the social order, with the British on top. Frederick Lugard assumed the Nigerian Northern Protectorate obtained recognition of the British protectorate by its indigenous rulers,

especially the Sokoto Caliphate's Fulani emirs. However, he resorted to the use of armed force to succeed. Lugard's success in northern Nigeria is attributed to its indirect rule policy, which called for governing the protectorate by defeating the rulers.

The conflicts between Muslims and non-Muslim groups in Nigeria create prejudice and suspicion, leading to discrimination and bias. The British used heavy taxes to subjugate the minority natives of Central Nigeria, and the tax collectors were mainly from the Fulani ethnic group. Christian missionaries' arrival made the Colonial Administration nervous because missionary activities might provoke the Muslim ruler's religious and political uprising against the British. Therefore, the colonial administration saw the need to control and regulate the activities of the missionaries. They denied Christian missionaries any entrance into the Muslim areas. Instead, they advised them to turn their attention to the non-Muslim regions. The Colonial Administration was concerned with distancing itself from Christian missions; it did not want to be associated with missionaries. Nigeria gained independence on October 1, 1960, and became a republic in 1963—the change in status called for no functional alteration of the constitutional system. One will not hesitate to say that the British government created Nigeria on a faulty foundation. By implication, Nigeria's amalgamation was based on many flawed assumptions, a poor grasp of local realities, and an arrogance that “civilization” would overcome all; this marked the beginning of many societal issues. One may say that the rationale behind the State of Nigeria's intense conflict today comes from the colonizers. In 1960, religious, land disputes, and ethnic conflicts in Nigeria were concerns. Polarization between religious and ethnic groups, as they compete for resources, political and economic power, and other goals, has spawned negative

consequences of tremendous proportions, including genocide, ethnic cleansing, and civil war.

Nigeria's 30-month civil war in the late 1960s remains an erratic and life-threatening experience for the people of Nigeria. The battle between the Nigerian Military Government and the Eastern Region's succeeding conflict had its origins at this moment. One of the most remarkable incidents during the 1960s was the declaration of emancipation by the Eastern Region in 1967. The Eastern region military governor, Lieutenant Colonel Chukwuemeka Odumegwu Ojukwu, declared independence for the Igbos. On May 30, 1967, he announced Biafra, an independent Republic. He revealed the primary motivating cause for this action: the government's inability to protect lives (predominantly Igbo easterners' lives) and suggested its culpability in genocide. Initially, the federal military government launched police measures to restore Lagos' authority in the Eastern Region, but soon full-scale civil war broke out.

In January 1970, the Biafran resistance collapsed, and the federal military government reasserted its jurisdiction over the area. Even today, the blaze begun by that war remains the most significant challenge to Nigeria's continuing existence, especially its unity and the territorial integrity of Nigeria as the largest multi-ethnic federation in Africa. The Nigerian civil war was probably one of the bloodiest and the first black-on-black genocide in sub-Saharan Africa. Just as in every instance of armed conflict and war, women and children, in particular, suffer unspeakable violence; this was no exception. Most of the people killed were from the eastern region of Nigeria. They included countless children, nursing mothers, and pregnant women who were either killed or died because of disease or hunger. Over 3 million Igbos died from hostilities,

disease, and starvation during the Civil War, and many became refugees. The economy of the region is shattered. Many Nigerian soldiers also died in the war, and trauma is an ongoing concern among those who survived. The trauma caused by avoidable action is still fresh in the lives of their surviving families, relatives, and friends and is dreadful. While the Nigerian government succeeded in subjugating the rebels, it failed to resolve the issues that ignited the war. There was extended peace among the Nigerian people after the civil war, at least partly because of its horrific impact. However, the recent history of Nigeria has been full of violent extremism and insurgency to the extent that now many Nigerians fear rape and abduction as war-like practices and are subject to unprecedented attacks.

The use of arms in Nigeria has become horrible and destructive. The people of Nigeria experienced comparative peace after the civil war. The few ethnic conflicts and land disputes within communities never expanded to national conflicts until 1980, when Maitatsine broke the impulse of peace. The Maitatsine was an Islamic terrorist group founded by Malam Muhammadu Marwa and was nicknamed Maitatsine. He unleashed violence against Nigerian citizens in early 1980. This group was against modernization and Western influence and decried commonplace technological gadgets such as radios, wristwatches, television, automobiles, motorcycles, and even bicycles. The Maitatsine group condemned those who use such things or read books other than the Qur'an. The group first launched its violent attack on Kano's citizens and killed over 4,177 people.

The Kano incident was Nigeria's first violent religious crisis that took a massive toll on human lives and property. After the civil war, there were other spiritual crises, but understandably, the Maitatsine crisis raised more tension and conflicts in response to it.

The death of the Maitatsine terrorist group leader in December 1980 at the hands of the Nigerian military marked the end of the sect. Twenty years later, the introduction of Sharia Law in 2000 by the northern Muslim governors was a massive contribution to the rise of several conflicts in most parts of the country. The introduction of Sharia law came against the backdrop of the State's heterogeneity and religious plurality, spread across both the North and South. The many civil servants and teachers in public schools are examples of this diversity spread across the nation. With Nigeria as a secular state, introducing Sharia Law, where Muslims and Christians live, implies that Christians will be forced to recognize Islam as the only acceptable religion. Christians saw this as a breach of their rights as citizens, for they could not practice their chosen religion. Sharia law came against the State's heterogeneity, religious plurality, and history of ethnoreligious conflicts. Children in northeastern Nigeria have lived under prolonged armed conflict due to the Boko Haram insurgency. Boko Haram is a Jihadist terrorist organization based in northeast Nigeria, active in Chad, Niger, and northern Cameroon.

Boko Haram intentionally uses indiscriminate violence to create terror to achieve its political, religious, and ideological aims. Founded by Mohammed Yusuf in 2002, Abubakar Shekau has led the group since 2009. The group aimed to establish Islamic Sharia law in the northern part of Nigeria and reject Western education. In a paper presentation entitled, *The Boko Haram Insurgency and Internal Displacement*, Madinat Abdulazeez states, "Boko Haram became known when the group carried out a suicide attack in Abuja. June 2011."⁵ Abdulazeez further expresses that "Boko Haram is not their

⁵ Madinat Abdulazeez, *Note Nigeria: The Boko Haram insurgency and internal displacement*. (Switzerland, CH: SEM, 2016), 2. <https://www.sem.admin.ch/dam/data/sem/internationals/herkunftslander/afrika/nga/NGA-boko-haram-e.pdf>.

original name but was a nickname given to the group, which in Hausa means Western education is forbidden... Their original name is “Jama’atu Ahl al-Sunnah li Dawah wa-l-jihad.”⁶ The Boko Haram insurgency seems to have opened doors for other Islamic terrorist groups, such as the Islamic State of West African Province (ISWAP) and the Fulani Herdsmen, otherwise known as Bandits.

The Fulani are a people group found mainly in the northern part of Nigeria. They also spread in Sudan, Senegal, Somalia, Gambia, and the Upper Nile region. The Fulani penetrated West and East Africa to the “Hausa Land [northern Nigeria] in the 13th Century... resulting in Fulani dominance in the early 19th Century.”⁷ Their first settlement in Nigeria was in Bornu in northern-eastern Nigeria. The Fulani graze cattle, carrying sticks and occasionally a machete to cut down foliage and give it to their animals. But nowadays, they are known for carrying AK-47 rifles. In the past, the Fulani coexisted peacefully with their neighbors, but recently, they have begun using the Boko Haram attacks as a model to advance their continuous attack on citizens. The Fulani are contributing to the incessant killings in Nigeria. Their nomadic lifestyle conflicts with more settled people, which leads to their migration across the country, triggering armed conflicts over land use, including encroachment. This specific land use conflict has grown into a broader clash between the Fulani and their host communities.

The challenge is not to avoid conflict but rather deal with it constructively. The group's violent acts have gradually taken over from previously peaceful aspects, leading

⁶ Medinat Abdulazeez, 3-4.

⁷ Oghenevwoke Agbegbedia, *A Historical Analysis of the Migration, Penetration and Diffusion of the Fulani into the Middle Belt Region of Nigeria*. IOSR Journal Of Humanities And Social Science (IOSR-JHSS) Volume 19, Issue 10, Ver. V (Oct. 2014), 54-62. [http://iosrjournals.org/iosr-jhss/papers/V ol19-issue10/V ersion-5/K0191055462.pdf](http://iosrjournals.org/iosr-jhss/papers/V%2019-issue10/V%20ersion-5/K0191055462.pdf).

to the well-being of the citizens. The killings in Nigeria today are spurred by Boko Haram and the Fulani herders trying to create either an Islamic state or a space for grazing cattle. The killing in Nigeria is no longer personal or political but has grown to incorporate religious, ethnic, and apocalyptic (jihadi) overtones. Nigeria has been under siege by terrorism since 2009 by Boko Haram and Fulani Herdsmen. There are numerous modalities for combining modern and traditional conflict resolution procedures and peacebuilding, but it seems unproductive. The Nigerian government's endeavors to manage conflicts have not yielded good results. They have tried various measures, including military force, curfew, judicial panels, compensation, and amnesty, to prevent the escalation of violence.

Similarly, emerging alternative standards (and local frustration from the inadequate federal response) have led to vigilantes, militias, and ethnic solidarity with mixed results. Traditional approaches to conflict management remain grossly repressed and should be revived. The torrent of brutal killings, kidnappings, and frequent sexual abuse against women and children is a daily occurrence. It has raised a compelling call to the citizenry for self-protection.

Plateau State the Home of Peace and Tourism: A Holocaust since 2001

Plateau State is one of the thirty-six constituent states of the Federal Republic of Nigeria and has about 3.1 million people. It is a famous Christian state in northern Nigeria. Northern Nigeria has a majority Muslim population, but there are also large numbers of Christians living there, both in the far north and in the middle belt, which is mainly Christian but still considered part of the north. Plateau State is in the north-central zone. It

forms part of the central belt, a geopolitical idea that demographically consists mainly of national minorities—most now Christian—within the old Northern Region.

Plateau State takes its name from the high Plateau, which dominates its structure. The social development of plateau peoples and the historical position of the Plateau concerning the rest of what is now northern Nigeria are somewhat distinctive, partly due to the terrain and the tremendous ethnolinguistic diversity of the area. There are dozens of languages spoken in Plateau State, separating it from the dominant Hausa-speaking states in the north (although Hausa is commonly used as the language of communication in northern Nigeria); it is also widely spoken on the Plateau. The high Plateau constitutes only part of Plateau State: a slightly more significant portion of the State's territory is lowland plains beneath the plateau ridge. Muslims have more settlements, which are widespread in the lowlands, at least in Wase and Kanam (the two emirates within Plateau State), than in the high Plateau. The ethnic composition and social relations of Plateau State, in its totality, were further diversified by migration from throughout Nigeria from the early colonial period, stimulated by industrial-scale tin and columbite mining on the Plateau. This led to the establishment of Jos and many smaller mining settlements from the early twentieth century, inhabited mainly by people from other parts of northern Nigeria and southern Nigeria, for some of the indigenous communities of the Plateau, such as the Berom and Anaguta, mining and colonialism led to the deprivation of a large portion of their customary land. There was a social and economic alteration, and the indigenous inhabitants of the Plateau were marginalized.

The colonial leaders commercialized agricultural products in the lowlands to supply the mining fields. In some areas, non-Muslims were, for the first time, placed under the

authority of Muslims as part of the indirect rule system, which has resulted in ongoing conflicts. The city of Jos is now swarming with immigrants who arrived there from other parts of Nigeria. From its start, Jos has had a significant Christian population from the south, especially the Yoruba and Igbo, containing the majority of Christians in Jos. In rural areas and the smaller towns of the Jos Plateau, indigenous Christians form the majority, but they are a comparatively small part of the population in Jos town itself.

The sensation of difference in the Plateau is also critical in social attitudes, politics, and life patterns and has affected streams of contemporary conflict in the Plateau State. Specific characteristics of the Plateau and the marginalization of its inhabitants after their inclusion as part of the north by British colonial rule have guzzled Plateau politics. However, there were local connections and non-conflictual encounters between the Plateau residents and northern Muslims; until recently, religious violence started in Jos. The collective identities of the indigenous people of Jos are now more conspicuous. This conspicuousness has made the impression that they are increasing, leading to ongoing violence as other groups react. It has created a religious, social, and political division between Muslims and Christians on the Plateau. Subsequently, people are more aware of societal discord; they tend to express their religious and ethnic allegiances more emphatically than before.

Plateau State is the primary site of ethnic and religious violence in northern Nigeria. Recently, the State has witnessed recurrent crises in urban and rural areas. Thousands of lives have been lost because of violent conflicts. Also, there has been extensive loss of property and destruction of farm products, and the development prospects of the State have been set back. Violence has destroyed goods, properties, and

communities that were once harmonious living environments. The violence has mainly been along religious lines, between Muslims and Christians, but ethnicity and political interest also have a central role in the conflicts. Jos, the state capital and a major northern city, is witnessing much insecurity. It has been a battling ground for some of Nigeria's worst violence. Mass killings and destruction occurred in Jos in 2001, 2002, 2008, and 2010. The violence has also affected other parts of the State, including rural areas outside the city of Jos. Hundreds of innocent villagers (especially in the Berom and Jebbu-Miango communities of the State) were massacred at night in their homes and farms or while tending cattle during the day. The attacks on the people of Plateau are ongoing and have spread to more villages.

Contrary to media reports, the government usually claims it is a conflict over land between the indigenous farmers and the Fulani. Many people believe this narrative that the conflict is about a struggle for grazing land or farmland. Still, much of the violence appears to be more complex and motivated by a range of factors, from politics, prejudiced-based ethnic cleansing, and even an attempt to exterminate people from their chromosomal homeland rather than arising from the simplistic idea of competition for land.

Plateau State was generally peaceful (other than the first incident of the Igbo holocaust in 1966) until September 7, 2001. The starting and extent of the violence in Plateau state are generally related to the political shifts that occurred after the transition from military to civilian rule in Nigeria in 1999 and the impact on intergroup relations in the State. The various interventions by the state and federal governments and the army and police have failed to prevent violence. As Mark Lipdo states, "Like any human

system, the Nigeria security set-up is not perfect. The system can meet its objectives when its flows are identified and defects addressed.”⁸

Lipdo further states that “the security agencies have been infiltrated by persons whose agenda does not include security and property but who seek to destroy lives and property for reasons ranging from religious ideology to the purely selfish.”⁹ For example, the security agents deployed to tranquilize the crisis in Jos in 2008, under Lieutenant-General Abdulrahman Bello Dambazau (the GOC of the Rukuba Barracks), took advantage based on religious affiliation and killed many civilians. The Sun Newspaper of September 10, 2011, reported an incident in which the identity cards of military men were found at the scene of an attack, suggesting complicity. Therefore, it makes people more afraid of an army presence rather than seeing the military as helpful. On August 15, 2011, in Heipang in Plateau State, there was an attack in which a couple lost seven children; the man was on night duty, while his wife had just stepped out when the attackers stormed the house. According to the woman, she saw the attackers along with the Fulani, and some of the men were in army uniforms, some of whom she recognized¹⁰. In frustration, some youths headed to the military camp, demanding to leave their community. However, the military killed two of them; the youths insisted on the army’s withdrawal. This example explicitly shows how much people have lost faith in the military. There has been a severe lack of political dialogue to try and resolve it.

⁸ Mark Lipdo, *Killings in North and Central Nigeria: A Threat to Ethno-Religious Freedom and Democracy* (Jos, PL: Stefanos Foundation, Nigeria), 2015, 236.

⁹ Mark Lipdo, 236-237.

¹⁰ Mark Lipdo, 237.

Because of a decade of violence, sophisticated weapons are now widely available in Plateau State, which does not bode well for the security of the people. One of the topographies of the violence in 2010 was ingressing guns into Jos. Military and mobile police were collecting bribes from motorists at checkpoints, significantly affecting the flow of arms in the State. Jebbu-Miango and the entire community have continued to suffer without proper government security for the Jebbu-Miango and the people of Plateau State in general. They increasingly witness intimidation, harassment, brutality, kidnapping, killings, and extermination from their homeland. These harm people significantly, including women and children; those who remain are traumatized by the attacks and other acts of violence. Therefore, this study is motivated by the rising spate of killings in Jebbu-Miango of Plateau state in Bassa Local Government Area and the urgent need for adequate measures to manage their individual and collective trauma.

Although the self-style of Plateau State – the Home of Peace and Tourism (an idea that the Plateau was free of conflict) is somewhat distorted by the ongoing killings and destruction of property, it is evidence that Plateau State has witnessed persistent and incessant killings over the past decade. The level of the massacre of Igbos and other Easterners in Jos, Bukuru, and the minefields by the Fulani in 1966 was over on Friday, September 7, 2001, when the ongoing killings began. Large-scale religious violence affected part of northern Nigeria in the 1980s and 1990s, and Plateau State was free. But the September 7-12, 2001, violence was a terrible shock for many people. The nature of the 2001 violence in Jos was like the political conflict of April 1994.

Both events were triggered by upsetting the religious balance in political appointments, explicitly placing a Muslim in the Jos-North Local Government. This led

to a clash between the indigenous Christians and Hausa Muslims, usually considered settlers. The 2001 Jos conflict extended from Jos to the rural areas. The conflict continues in the rural areas with a series of attacks by the Fulani on the villages inhabited by the Berom, Bokkos, Irigwe, Anaguta, and Rukuba people. These are mainly farming communities living outside Jos on the high Plateau. Communal violence also occurred across the central and southern areas of Plateau State. In January 2010, some violent incidents happened in the main parts of the Jos Plateau, where mosques were burned. However, there has been less violence than in the northern and southern parts of the State.

Some Local Government Areas in Plateau State with a large Muslim population have not been seriously affected by the violence—the Jos-North, Jos-South, Barkin-Ladi, Riyom, Jos-East, and Bassa Local Government Areas. The most affected areas in the lower Plateau are Kanam, Wase, Yelwa, Langtang-North, and Langtang-South. This was mainly rural-based, and as many as a hundred villages were affected, so many other towns and their immediate vicinities are also experiencing high levels of violence. Wase and Yelwa on the lower Plateau are significant flashpoints, and Miango, Riyom, Barkin-Ladi, and Bukuru are on the upper Plateau. There were repeated episodes of violence between Muslims and Christians in Yelwa in 2002 and 2004. Several hundred Muslims were massacred after the attack in an earlier attack on Christians. President Obasanjo, the then President of the Federal Republic of Nigeria, visited Yelwa and declared a state of emergency in Plateau State. The Plateau State governor was Chief Chibi Joshua Dariye, and his state legislature was suspended from office (but later reinstated after the State of emergency was called off). A retired Army Major-General, Chris Alli, was put in charge

of the State for six months (May 18 to November 18, 2004), and a peace conference was inaugurated but did not have any good results.

There were several other acts of violence in Jos and its surroundings after the peace conference. Jonah Jang (a retired Air Commodore and former military governor of Benue from 1985-86 and Gongola from 1986-87) was the Governor of Plateau State. Hausa and Fulani groups extensively criticized his administration for having a strong bias against Muslims. As a result, a renewed system of violent attacks by the Fulani was carried out in 2008 and 2010. For example, in 2010, the new method of attacks by the Fulani had advanced, leading to the massacre of innocent and harmless people of Dogo-Na-Hauwa (Gyembruk). One night, over five hundred people (mostly women and children) were killed. The government claimed that the perpetrators were arrested, but nobody was prosecuted; this leaves the victims with a sense of powerlessness from the pains of injustice and traumatization. The point is that the change from military to civilian rule in Plateau State has caused relentless, intense ethnic and religious conflict. However, this does not mean military administrations were better at controlling religious or ethnic tensions in Nigeria. Politics under post-1998 civilian administrations have allowed State indigenous elites to gain positions but not settlers (immigrants).

In most of the conflicts mentioned above, only a few who planned or perpetrated the violence were arrested and executed, but mostly, they charged innocent people. The case collapsed due to a lack of evidence when they came to trial. For example, there are cases where the police apprehend people arbitrarily during or shortly after a riot; they pick up anyone on the street and detain them for months without trial or evidence of their offense. Sometimes, the arrests are made based on religion or ethnic affiliation.

Sometimes, the arrests are made of individuals who happened to be in the vicinity where the trouble had occurred, whether or not the individuals were involved. Hostile attitudes towards another person (Christian or Muslim; indigenous or settlers) have played a significant role in the conflicts of Plateau State. However, this does not passably explain the motive of the constant attacks by the Fulani on the people. It does not account for why the Fulani were relatively free of violence and lived side by side with their host communities in Plateau State in the past, even when violence was tense in northern Nigeria.

The Atrocities of the Boko Haram/Fulani genocide of the people of Jebbu-Miango

The people of the Jebbu-Miango community are the Irigwe ethnic group (primarily known as the Miango people). Irigwe and Miango are used interchangeably in this section to describe the tribal group of Jebbu-Miango. They are found mainly in the Bassa Local Government Area of Plateau State. They are also found in Jos South and Barkin-Ladi Local Government Areas of Plateau State and Saminaka Local Government Area in Kaduna State. However, most are in Miango town and some villages in Bassa LGA. They speak *Nkarigwe*, which is headquartered in Miango, the state capital. Irigwe people are generally hospitable and friendly. Miango is about twenty miles west of Jos, running north and south just above the western ridge of the Jos Plateau. Irigwe people are mainly agriculturalists, and they plant a lot of grains and foodstuffs. They are also known for their game-hunting skills. The Fulani rear cattle and move around in a nomadic lifestyle, searching for food for their animals. They migrated from the north and settled in Miango. In general, religious practice in Miango adds value to the dignity and popularity

of the Irigwe community. It also brought peace and strengthened unity among the people. However, there was religious tolerance and peaceful coexistence among the Fulani and Irigwe people until 2001, when the Fulani started killing their host community members.

People could no longer visit their neighbors in the evening or at night as they were accustomed. Festivals have become historical events; sons and daughters who live in the cities can no longer travel freely to return to their rural localities to celebrate with parents and other loved ones. Farming activities have become a nightmare as Fulani attack or kill people while working on their farms. Many Fulani migrated to the Miango in search of greener pastures but could only see themselves fighting for land use and claiming ownership of the lands given to them by the indigenous people. The Irigwe people welcomed and offered hospitality to the Fulani, allowing them to cultivate the grounds and care for their cows and family members during the most recent period, beginning in 2001, until the present peaceful coexistence and trust have been destroyed. Kwall and Miango Chiefdoms (both in Irigwe) have witnessed different forms of homicides and exterminations by the Fulanis. This has affected people's social life and mental health.

Jebbu-Miango is a small town in the Miango District in Bassa Local Government Area. Jebbu-Miango is about twenty miles away from Jos, the capital city of Plateau State, and about nine miles before Miango's main town. The relationship between the Irigwe and Fulani had been very cordial and peaceful in the past, but the recent story of the relationship between the two groups has changed due to unspeakable violence that no one could have imagined happening. The recent extermination of the people of Jebbu-Miango shows how the community has suffered a great deal of violence and loss of

property. It has led to doubts, fears, unrest, displacement, and the destruction of lives and property. This social breakdown ultimately leads to significant setbacks for nation-building.

The conflict in the Jebbu-Miango community is very odd. However, the recent massacre and extermination of the people of Jebbu-Miango were even more violent and deadly than previous attacks on September 21, 2017, and October 10, 2017. Many people (women and children) witnessed an ugly and horrible killing by the Fulani. On September 21, 2017, Pastor Samaila Doro sent an email describing the Jebbu-Miango community's conflict. He states, "These days, we have a series of attacks from Fulani herdsmen. On a day (Friday last week, September 8, 2017), they killed 20 men, women, and children in one of our villages, and we gave them a massive burial. These days, we do not sleep well because of the attacking threat from Fulani herders. We need your prayers seriously on this."¹¹ While explaining the root cause of the violence, Samaila further states, "The attack was an act of vengeance following the killing of one of their sons by our youths; they attacked him because he was grazing his cattle on their farm. Herdsman's cattle eating cultivated crops has been their malicious activity in the villages. So far, more than 30 people have been secretly killed by the Fulani as a result."¹²

According to Hassan John (the West Africa Editor of Global Christians News and a priest of the Anglican Diocese of Jos) in an interview with Victoria Ayuba, an inhabitant of Jebu Miango village, who lost three members of her family in the attack:

On Tuesday, October 10, 2017, her cousin Jerry visited his girlfriend in the next village; on his way back, four men attacked them. His girlfriend ran into the bush,

¹¹ Samaila Doro, e-mail message to the author, September 21, 2017.

¹² Samaila Doro, e-mail message to the author, September 21, 2017.

and the men attacked her, beating her up with a stick, while Jerry, Victoria Ayuba's cousin, was shot and then butchered with a machete. But Jerry's girlfriend could run back to Jebu Miango to report. This made the villagers go to the military outpost located in the village to talk to the soldiers and ask for help. But to their surprise, the soldiers took the villagers to where Jerry's butchered body is laid. The villagers became suspicious... that the soldiers had conspired with the Fulani to attack the community members. The women, then, dressed in black and carrying leaves in protest, accused the soldiers of complacency in the attacks in the communities and the villages in Miango. So, the angry women tore down the military outpost and demanded that the soldiers must leave.¹³

The soldiers left the outpost in Jebu Miango as the women had earlier insisted because their services were no longer needed. The conflict then intensified as Victoria further narrates to Global Christian News:

On Wednesday (October 11, 2017), after the soldiers left, there was information that Fulani herders would attack the Jebbu-Miango. Nobody seemed to know the source of the information, but it threw the village into a panic. Late Wednesday evening, there were sounds of heavy gunshots everywhere. Our parents sent us all out of the town, Women and children, while they stayed to protect their villages. We could not sleep at night as we heard gunshots in the distance. I called my father, who told me that two family members had been killed in Ariri. My uncle, Chohu, who lived in Kwachidu, was burnt in his room.¹⁴

Meanwhile, Pastor Samaila, whose house is also in Jebbu-Miango (about 1.3 miles away from my family), had earlier sent an email saying, "Sir! This is urgent right now. Pray for us; we are under Fulani herder's attacks. They are still killing us and have been attacking us since morning. We are outside at night. We can't stay in our houses. They have burnt some already. They are well equipped with weapons."¹⁵ By October 16, 2017,

¹³ Hassan John, "Islamic Fulani Herdsmen terrorize Christian communities in Nigeria" *Global Christians News, West and Central Africa* (14th October 2017), <https://www.globalchristiannews.org/article/islamic-fulani-herdsmen-terrorize-christian-communities-in-nigeria/>.

¹⁴ Hassan, John. *Global Christians News, West and Central Africa*, 2017.

¹⁵ Samaila, Doro. E-mail message to the author, October 11, 2017.

women and children had fled to neighboring villages and towns for safety. ECWA Secondary School Miango and ECWA/SIM Kent Academy, all in Miango, have since evacuated their students. They have sent messages to parents and guardians to pick up their children at ECWA Headquarters in Jos for fear of abduction like the “276 Secondary School girls in Chibok, in northeastern Nigeria.”¹⁶ More attacks were carried out daily against the Irigwe and seemed incurable. Elizabeth Cunningham of Open Doors confirms that “One of the largest attacks occurred Sunday night in a small village (not far from Jebbu-Miango) about 6 miles from Jos. Twenty-eight villagers heard the Fulani attack their village, so they went to the soldiers for safety. The soldiers hid the twenty-eight villagers in a local school for protection, but it didn’t matter; they were all attacked and killed by the Fulanis.”¹⁷ Pastor Samaila further narrates that there was another attack on Jebbu-Miango on October 21, 2017. He said, “report has reached us that our enemies, the Fulani, have invited their colleagues from other parts of the country to come and attack us again...We have returned to no sleep again. Fear has emptied their homes, and they are sleeping outside. Business activities have stopped, farming activities have been crippled, schools have closed, and a curfew has been imposed on them, painting the image of Miango town to look like an unsafe area, even a death zone.

Fulani militants have continued to carry out systemic genocide and other related activities on the people of Jebbu-Miango in the time since. Yet, the Plateau state government failed to confine the situation. Leaders of the affected villages have

¹⁶ John Emerson, in Human Rights Watch: *Those Terrible Weeks in their Camp, Boko Haram Violence against Women and Girls in Northeast Nigeria* (New York, NY: Human Right, 2014) 13-36, <https://www.hrw.org/sites/default/files/reports/nigeria1014web.pdf>.

¹⁷ Sarah Cunningham, “Pray for Christians Being Attached by Fulani Herdsmen” *Open Doors, Blog* (October 18, 2017), <https://www.opendoorsusa.org/christian-persecution/stories/fulani-herdsmen-attacks-nigeria/>.

complained to the Plateau State Government about killings and destruction of properties many times, but the massacres persisted. Each time a conflict arises, people are killed in numbers, and properties are destroyed, but no plan is created to prevent a future occurrence. One will often hear that the government is on top of the situation. And whoever is found guilty must face judgment. Yet, the problem remains unchanged. Various commissions of inquiry, panels of investigation, and conflict resolution committees have been set up over the years to make policy recommendations for ending the Fulani killings in Bassa but have not yielded any good results. This painful situation calls for adequate clinical and pastoral care that will heal trauma.

The ongoing violent extremism of the Fulani in Jebbu-Miango has become very significant in addressing the individual and collective impact of trauma, especially the September 2001 to August 2021 genocide and displacement of the people of Jebbu-Miango, which have been overlooked. The recent genocide has resulted in grief and trauma for all, including women, children, and the most vulnerable. The horrors of the Fulani in the Jebbu-Miango community have laid many negative consequences, such as genocide, ethnic cleansing, and civil war. The Fulani's continuous attack on the citizens has left many Miango communities fearing further attacks and killings. Such attacks at night when people peacefully sleep create acute trauma and nightmares in people's lives, especially children and women. Such atrocities involving rape, kidnapping, and child abuse give the victim an occasional sensation that echoes and shrivels his personality. The challenge is not to avoid conflict but rather deal with it clinically with routine pastoral care and counseling.

Conclusion

The violent act of the Fulani has progressively subjugated every piece of the physical, social, and psychological well-being of the Jebbu-Miango people. The killing of women and children continues daily. Conflicts resulting from extreme forms of injustice through deadly weapons undermine peace. Armed conflicts create extensive emotional and psycho-social stress, insecurity, and trauma for citizens, especially women and children. Many children develop nightmares, isolation, aggression, depression, and diminished orientation toward the future. Sexual violence, rape, and sexual slavery of women have been a weapon of ethnic cleansing aimed to degrade women and use young girls to bear children for the enemy, with the combined result of eventually destroying community cohesion.

The Fulani terrorists have taken away the people of Jebbu-Miango's only source of livelihood; men and women can no longer visit their farms because of the group's fear of being raped or killed. Farming is their only source of livelihood, and now the Fulani have taken control of the entire Miango land through violence. Each new wave of attack is usually carried out when everyone is sleeping. Invaders invade their homes, setting houses ablaze, killing the men, and raping the women and the girls. Sometimes, men, women, and children are killed. The attacks are well-coordinated. Night attacks usually result in lots of casualties. Kidnapping and sexual violence have become common, as they take women and girls as hostages and sex slaves. Such atrocities overwhelm the psychological peace of the wounded person. The number of victims of sexual violence in Nigeria at large is increasing.

Clear evidence shows that victims of sexual violence face tremendous trauma, injustice, and discrimination from their immediate families, relatives, and the broader community. They suffer rejection, isolation, and discrimination. They prefer to stay hushed (and therefore isolated) with their problems than participate in social events and community gatherings, fearing the social stigma that negatively affects them. They would not like to divulge their experience of such challenges. They are ashamed of discussing the unpleasant and ugly sexual abuse they had experienced because of the fear of being rejected and abandoned by their husbands or community (a reasonable suspicion!). As a result, the trauma remains unhealed. The escalation of the Fulani insurgency in Jebbu-Miango and other parts of Plateau State has a progressive and detrimental impact on citizens' mental health. The psychological effects of terrorism on children are overlooked, and the healing response to them lacks adequate support from the Nigerian government. No policies or proper structures cater to children's mental health affected by violence. The peacebuilding work does not cater to people mentally scarred by the trauma of terrorist attacks.

Consequently, in the face of the government's neglected treatment of children's mental health, parents are left with the alternative to seek traditional treatment methods, which involve the sum of all witchcraft and divination. Therefore, the Fulani violent attacks on the Jebbu-Miango community are a significant call for a strategic approach to mental health and psychological and trauma transformation beyond traditional methods. If well sustained, trauma transformation that is both clinical and biblically based will eventually create a commitment to forgiveness, reconciliation, trauma healing, and peaceful coexistence between community, ethnic, and religious groups.

Ignoring our future generation and allowing them to suffer silently in their traumatic situation is discriminating and unbiblical. Such an attitude is conventional, hateful, horrible, wicked, heartless, and insensitive. The Church should say NO to such practices and stand in the victims' gap to end such discrimination! Ignorance, superstition, and taboos have caused a lack of care for such people. Social behaviors resulting from superstition and negative perceptions against such people have led to poor inclusion, participation, and contribution to society. The Church and society must know that such people are among the nation's most vulnerable citizens. The Church must recognize the need for health care and social services for traumatized children. As Brad Harper says, the church "... heals all brokenness and welcomes both the persons and the riches of every human culture."¹⁸ Finally, Pastors and Chaplains must understand that their calling is not to stand distant from the flock but to care, nurture, heal, and feed the sheep. They are the salt and light of the earth.

¹⁸ Brad, Harper. "Exploring Ecclesiology" *Kindle Edition* (Grand Rapids, MI: Baker Publishing Group, 2009), 29.

CHAPTER FOUR

THEOLOGICAL FOUNDATIONS

The question of hope in dark times is not new in northern Nigeria. The extermination and the massacre of the people of Jebbu-Miango in Jos, Plateau State, Nigeria, like the Babylonian Exile, is commonly recognized as perhaps the most devastating in recent times. Today, the case of Jebbu-Miango is usually equated to the Babylonian Exile. Both occurrences involved the collapse of religious and community structures that had provided relationships and protection. Yet, it led to significant theological insight, laying the foundations for Christian parents to contact witch doctors to heal their traumatized children. The connection between the Babylonian exile and the Jebbu-Miango is usually not expounded.

This paper examines the book of Ezekiel, which deals with the prophetic response to the theological and civic identity of the exiles. While battling with his people's trauma and traumatic situation, Ezekiel's prophecies are founded solely on theological beliefs. The paper addresses the prophetic hope of the exiles by considering some select texts of the book and other Biblical texts as examples that allow conversation with the situation of Jebbu-Miango and related communities in northern Nigeria. The logic of Ezekiel's theocentric hope will remain unfamiliar to those who have not experienced the effects of war and terrorism. However, while it cannot be directly connected to our traumatic

experiences, it aims at establishing that theological echo of Ezekiel and valuable wishes for our traumatic conditions.

Christian Parents in Jebbu-Miango are Undergoing Faith Crisis

Dark times are not always times of terror but also perplexity in which belief can no longer help us act. Traditional rationalization methods cannot explain everything because situations overturn our beliefs and ethical values. Therefore, the book of Ezekiel provides the foundation for defining the kind of hope that does not depend on historical evidence and religious traditions but on a divine source.

As mentioned earlier in my Biblical Foundation paper, the narrative of the book of Ezekiel is not one of the most comfortable books to read. But its hardhearted complaints and violent images—do not make it an easy scroll to swallow (Ezekiel 2:8–3:3). While much of the language and ideas in the book of Ezekiel appear to be strange to peaceful countries, his narrative would have been understandable to the people of Jebbu-Miango—even though it would have been difficult to accept. However, chapters 34-37 of Ezekiel offer a straightforward narrative of hope.

The Exiles cried to God for mercy but seemingly without hope. They witness the destruction and the falling of Jerusalem's gates. They think God has destroyed and broken her bars, king, and princes. There was no more law; her prophets could no longer see visions of hope from the Lord Lamentations 2:9, and the future appeared hopeless. It is commonly believed that the exiles' life was completely broken off, and the whole nation of Israel was taken to Babylonia. But the lives of people experiencing poverty, those left behind, were also tough because those capable of leading in thought and action

were taken to exile. The exiles were highly distressed at their arrival in Babylon. (Ezek. 1:1; 3:15; Ezra 2:59 and Neh. 7:61). They suffered psychological trauma, personal and collective isolation, and immense shock from seeing their loved ones die or worried with anxiety because they did not know what had occurred to a husband, child, wife, or parent. They walked, day after day, for months to Babylon, and some even died. They found themselves in a strange land. Where, then, can the exiles see YAHWEH in their situation?

The anguish of the exiles was uttered in Psalm 137 when their captors ridiculed and mocked them. In *Singing the Lord's Song in a Foreign Land*, Stephen J. Nichols (the president of Reformation Bible College, chief academic officer, and a teaching fellow for Ligonier Ministries) quoted Derek Kidner, who once observed that "Every line of Psalm 137 is alive with pain."¹ This is true because the stanzas are a psalm of despair and agony. They express the deep, injurious sorrow the exiles experienced. According to Nichols, "the psalmist calls the Babylonians not only his captors but also his tormentors."² The profound foreignness of Babylon to the exiles threw the Psalmist off balance. In verses 5-6, the Psalmist wishes his right hand (the hand that skillfully plays the lyre) fails him and may his tongue stick to the roof of his mouth (137:5-6). The exiles even took oaths, sometimes to foreign idols, and YAHWEH's name would even be added to the list of foreign deities.

"How can we sing the Lord's song in a strange land?" in Psalm 137, and from Jebbu-Miango – on the night of the attack, the people were faced with a theological

¹ Stephen, J. Nichols. *Singing the Lord's Song in a Foreign Land*. May 8, 2019, <https://www.ligonier.org/posts/singing-lords-song-foreign-land>.

² Stephen, J. Nichols. *Singing the Lord's Song in a Foreign Land*.

question of “Where is God?” Both questions are about post-traumatic stress disorder (PTSD). Though they come from two different circumstances, they share a few things in common. During their glory days, Jebbu-Miango and Jerusalem were at the crossroads and prominent places for trade and commerce. The questions sprout from traumatic life situations. Because of this, both experienced the courteousness of travelers. Jebbu-Miango was part of the famous place before its destruction. Jebbu-Miango, with its agricultural landmarks, was one of the beautiful places that supplied Plateau State with farm products. Jebbu-Miango, like Jerusalem and many similar places, is interreligious and worshipped gods other than YAHWEH, the God of Abraham, Jacob, and Isaac. So, these two questions raise the reality of one’s understanding of the place of God in their situation. However, Ezekiel, who was in captivity with them, brought his messages of hope. He showed them that YAHWEH was in control; he was in power and justice. He only used Babylon to make a new Israel from the remnant, not wipe out Israel.

Nearly 33 chapters of the book of Ezekiel describe the traumatic experience of exiles and the destruction of Jerusalem. But Ezekiel 34 marks a turning point; Ezekiel begins to prophesy hope. As mentioned earlier, the armies of Babylon attacked the city of Jerusalem and deported her kings and her leaders to Babylon (2 Kings 24:10-16). Among the first phase of the deportation was Ezekiel, who later was called by God in Babylon to be a prophet. The deportees were forced to live in Babylon; the future appeared to be an immeasurable black pit into which the people were doomed. The exile was more than a disaster of physical suffering and collective distinctiveness. It also coerced a crisis of faith – many exiled (as well as the expelled people of Jebbu-Miango) assumed that a more potent deity from Babylon had defeated their God (Ps 42:3, 10; 79:10; 115:2). The

people wondered if the Lord was indeed lord and truly faithful as the people of Jebbu-Miango are wondering if the God of the terrorists is stronger than the Christian God.

While considering the hope that Ezekiel brought to Israel, it is significant to grasp the complexity of confusion and hopelessness Israelites suffered after the destruction of Jerusalem. In 2 Chronicles 32:1-23, when the Assyrians threatened Jerusalem and at its very gates, they mocked God; the Jews were convinced that according to the covenant, the king and temple would always remain because they believed that God lives in the temple, and he would never allow an enemy to displace him. But when King Zedekiah was taken captive, and Jerusalem destroyed, their reliance on YAHWEH failed, confusing their theology. Their belief and understanding of their theology were that Marduk must be more powerful than YAHWEH since YAHWEH couldn't save them (33:17, 20). As strangers in Babylon, their lives and worldview were shattered. They were on the brink of either absolute despair in believing that YAHWEH had forsaken or rejected them (Ps 72:1,2,19; Ezekiel 20:32).

The fall of Jerusalem only partially devastated their beliefs about YAHWEH. However, some of them felt that YAHWEH had failed them. They believe YAHWEH has broken His promise by allowing the Babylonians to suppress them. They might have questioned if the Babylonian gods were more potent and mightier than YAHWEH. In contrast, some might have thought YAHWEH was weak in protecting the Israelites. They felt YAHWEH was responsible, but they doubted God was a just God. So, their religion was devastated, and their faith was staggering. They struggled to come to terms with YAHWEH, saying He had abandoned them or that God could not protect them against Marduk. They questioned their faith; however, they withstood the challenge. Ezekiel told

the exiles that God was still with them and was in total control. He is preparing them for a new future and will heal their affliction and renew their faith.

After the genocide in Jebbu-Miango, victims were left with questionable thoughts about the existence of God. As a result, many Christian parents lose faith in caring for their traumatized children. Due to their former belief in sorcery and witchcraft before their faith in Christ, Christian parents in Jebbu-Miango are now consulting soothsayers and witch doctors to find healing and hope for their traumatized children. They are increasingly practicing syncretism by drawing on practices in sorcery and divination. They are conferring with witch doctors to heal their children. Samuel Waje Kunhiyop states, “Almost all African societies believe in witchcraft in one form or another.”³ Sorcery and divination present a severe challenge to the Church in Jebbu-Miango and northern Nigeria, where the insurgency is prevalent. Speaking with John Musa, an Evangelical Church Winning All (ECWA) pastor, in a phone interview, he laments that “at the coming of the Christian missionaries in the area, about 80 percent of the people of Miango had forsaken their traditional religious practices for Christianity. But with the recent Jebbu-Miango annihilation and incessant killings, sorcery, and divination have become a serious challenge to most Christian parents in healing their traumatized children.”⁴ This belief and practice in sorcery and witchcraft is embedded in the African worldview and appears to perform an essential purpose in the belief system of all Africans. It helps explain or answer the problem of evil; as Kunyihop notes, the “Belief

³ Kunhiyop, Samuel Waje. *African Christian Ethics* (Grand Rapids, MI: Zondervan, 2008), 377.

⁴ John Musa, Phone Interview with the author, February 28, 2022.

in witchcraft serves an efficient purpose in explaining events and their causes.”⁵

However, sorcery and witchcraft have mysterious and adverse effects, such as untimely death, infertility, conflict, protracted sickness, suffering, and mystical disaster. Therefore, African traditionalists try to investigate the cause of these mysterious occurrences by consulting a soothsayer (diviner) to determine the reason for them or their etiology.

According to John S. Mbiti, “It is difficult to detach a person from his/her religion, the context of security”⁶ they endeavor to deal with the question of evil.”⁷ Most people resort to sorcery and witchcraft, believing it is accurate and works for them.

According to John, the worldview of the people of Jebbu-Miango is primarily “in their beliefs and practices.”⁸ Such shared beliefs include a belief in God, divinities, the existence of spirits, and the practice of sorcery. For the people of Jebbu-Miango, the world of spirits is more emphasized. They believe that whatever transpires in the spirit world is manifested in the physical. For example, my late uncle told us that he dreamed three people were running after a deer when he was small. The deer was coming in his direction, and the people asked him to help them catch the deer, which he did. To his surprise, early in the morning, his father knocked at his door and asked where he was coming from last night. But when he told him that he didn’t go out last night, his father asked him to stand outside and hear the yelling and the cry of someone who had died.

⁵ Kunhiyop, Samuel Waje. *African Christian Ethics*, 378

⁶ Mbiti John S., *African Religions & Philosophy*. 1969, 2.

⁷ Kunhiyop Samuel, Waje. 2008, 377

⁸ John Musa, Phone Interview with the author, February 28, 2022.

When he asked about that meaning, his father told him that the dead person's spirit was the deer he helped those three people to kill.

Situations like sudden death, nightmares, depression, post-traumatic condition, sickness, pandemics, and anguish are usually associated with evil. They believe that humans and evil spirits can cause evil and can only be encountered through spiritual and physical forms. Witchdoctors typically center on the client's physical descriptions, wears, nonverbal signs, and reactions to their statements to make accurate assumptions about their conditions. Most of the witchdoctor's activities are drawn from common behaviors and verbal and nonverbal information of their clients.

Traditionalists in Jebbu-Miango believe in a Supreme God, ancestors, deities, spirits, and sorcery/witchdoctor (a soothsayer or mediator who strives to maintain relations between the human community and the non-human world by seeking to understand, predict, control, and reinvent). Even the non-Christians in Jebbu-Miango believe God is indisputable, unique, and incomparable. They think we are created to share love, a sense of community, and our neighbors. John Musa enlightens that "the entire Miango people believe in a supreme God who is the creator, controller, everlasting, omnipresent, omniscient, omnipotent and ever-acting God."⁹ John further states that "his relationship is extended to the spirit world, namely gods, deities, and ancestors. When there is discord between the spirits world and humankind, there is a need to appease them by performing rituals, offering sacrifices, and medicine to reconnect the lost relationship between gods and humanity.

⁹John Musa, Phone Interview with the author, February 28, 2022.

The spirits are next in rank after the gods. According to the belief of the people of Jebbu-Miango, spirits belong to different beings. John Musa explains that “the people of Jebbu-Miango consider spirits anthropomorphic and abstract beings. They can change to anything (such as objects or human beings) and can also disappear.”¹⁰ Based on the traditional African worldview, it is generally putative that everything has spirits and is in different groups. For example, there are ghosts, spirits of witches, guardian spirits, and diviner spirits. These spirits are generally believed to be authentic. In his response to the problem and existence of evil, Ki Abari, a traditionalist and a resident of Jebbu-Miango, expresses that both good and evil coexist; however, according to Abari, they include physical and moral evil. Abari adds that traditionalists generally believe that “evils such as bad luck, disaster adversity, hardship, and all kinds of misfortunes that befall an individual or community are either caused by people, evil spirits, witches, or sorcerers, but God is good and trustworthy.”¹¹ Broken taboos, oaths, and disrespect to deities or ancestors are evils.

Traditionalists in Jebbu-Miango anticipate being with their ancestors' spirit and eventually being honored and reincarnated. Abari narrates, “Ancestors are people who have made it to the spirit land and are valued by their pedigrees and are accepted as part of the families with powers to bless, protect or punish any member of the family who errs. The spirits of the ancestors are usually invoked to participate in family gatherings,

¹⁰John Musa, Phone Interview with the author, February 28, 2022.

¹¹Ki Abari, Phone Interview with the author, March 15, 2022.

ceremonies, and rituals. Ancestors are a symbol of peace, unity, and prosperity.”¹² They are not gods but are highly regarded as older members of their families. Abari states that “ancestors act as intermediaries; between the Supreme God and members of their families.”¹³

As mentioned earlier, traditional believers are concerned with the causes of evil and must deal with it. Conciliatory sacrifice to the gods is one of the primary ways non-Christians in Jebbu-Miango deliver themselves from the effects of evil. It includes the offering of the blood of a human being or animal. However, offerings involve not blood but gifts such as food, oil, guinea corn, palm wine, yam, cola nuts, and money. Any serious misfortunes will involve blood sacrifice. Generally, sacrifices are a means of restoring relationships with the gods, ancestors, and humanity. The central motivation of Christian parents in Jebbu-Miango involving sorcery and witchcraft in healing their children from post-traumatic stress disorder is the quest for life and security. Because of their former belief, life in African traditional religion is perceived as a lifecycle (birth, death, and rebirth). People must have access to the spiritual realm through rituals by invoking the powers of divinities to renew and invigorate their possibility of amending any broken relationship with their gods during their lifetime. People hope to join the rank of their ancestors in the spirit world, with all their rights and benefits, and use their enhanced powers to benefit their families and clans. The hateful expectation in the hereafter is to end up as a wandering spirit and be cut off from the community and

¹²Ki Abari, Phone Interview with the author, March 15, 2022.

¹³Ki Abari, Phone Interview with the author, March 15, 2022.

family. This means that traditionalists in Jebbu-Miango believe in a continuing relationship with death, but not as the end of humanity or the world.

Finding God in Dark Times: A Hope of the Traumatized People of Jebbu-Miango

Willem A. VanGemeren says, “Chapter 34 is the key to restoration messages.”¹⁴

It is a shift from the message of doom to hope and restoration. All the other blessings God promised Israel through Ezekiel can be said to come out of this passage. It presents the presence of God as the true Shepherd who will care for his people. This Shepherd is YAHWEH himself. He will lead them to their homeland (Ezekiel 28:25). He reveals His love for them, expressing His anger at false shepherds and false sheep. The true shepherd watches over the sheep, protecting, guiding, providing for, and seeking the lost sheep. In Ezekiel 34:10, we see God’s choice to remove his sheep from the wicked shepherds and take over the role of their Shepherd in verse 11. He officially proclaims Himself their Shepherd in verse 12 and offers His people the hope that they will be restored. He will heal the traumatic condition of the exiles and the ruminants and reestablish a new covenant with His people, Israel (Ezekiel 16:60).

Hope comes not only because God promises to bring justice in situations of injustice but also because God promises to restore and heal the land itself. Hope will also come from God’s judgment over the leaders who hurt the people and allowed the exile to happen: injustice against their fellow sheep (Vv. 17–22). God will root out within and outside forces that have hurt them and restore order to his people. Besides seeing the

¹⁴ VanGemeren W. A. Ezekiel, in *Baker Encyclopedia of the Bible*, ed. W.A. Elwell, (Grand Rapids, MI: Baker Publication Group, 1988), 755.

value of Ezekiel 34, we can also hear it reverberating in John 10, which describes Jesus as “the Good Shepherd” in John 10. When the Babylonians invaded Jerusalem, they turned the Israelite’s world upside down as the Fulani did to the people of Jebbu-Miango. Still, God binds up the injured and strengthens the weak.

Chapter 34 is Ezekiel’s prophecies of hope; it begins at this point, even earlier, while he was prophesying further judgment on the nation, faithful to God were encouraged with a future hope. Ezekiel portrays this promise in two ways: YAHWEH says He will make a new covenant with Israel, a “covenant of peace,” and that the land will be highly productive, peaceful, and safe. YAHWEH will lead the people back to the land and be converted and ruled by the Messiah (34:11-16, 23-24; 37:24-25). YAHWEH identifies Himself as the Good Shepherd and will restore the exiles to their land. The restoration of the exiles was very significant at this time. The exiles had been waiting for the day to return to their ancestral land and, under their Davidic prince, would live securely and remain there forever. They would rebuild their cities, and the wastelands recovered. YAHWEH says He will be more compassionate and protect them than ever (Ezekiel 36:11). It was a bright future that YAHWEH held out to His people. However, the exiles and the people of Jebbu-Miango may contemplate if YAHWEH is a mighty God. YAHWEH promised to return the exiles to their ancestral land (37:25); He would also return them to the land and yield abundantly. There would be no more sorrow and miseries (34:25-29; 36:8-12). It would be a land of purity of worship, freedom from apostasy, and a transformed relationship to YAHWEH (37:23). The population would multiply (36:11). In 36:26-27, God told the Israelites, He would replace their “heart of stone” with a “heart of flesh,” which indicates His intimate involvement in their situation;

similarly, he will put his own Spirit in the people of Jebbu-Miango, and they will worship YAHWEH and trust Him.

Earlier in Ezekiel 6, he prophesied to the people that the mountains of Israel would be judged because of the idolatrous high places. Still, in Ezekiel 36:1-15, he tells the exiles that they would return to these same mountains because YAHWEH will sanctify and cleanse the land. Though Edom was still in the land, in the mountains of Israel, they would now be judged and be thrown out (Ezekiel 35:1-15).

Ezekiel 37:1-14 is prophetic though poetic. It describes the hopeless situation of the exiles being cut off from their land and temple. The vision can be seen in collective lamentation and the prophecy of deliverance. In the communal lament, the people deflated their pain in burning cries for deliverance. They used an idiomatic expression: “Our bones are dried up, and our hope is lost; we are cut off completely” (Ezekiel 37:11). “My strength fails because of my misery, and my bones waste away” (Psalms 31:10); “My bones are shaking with terror” (Psalm 6:2), and “My bones burn like a furnace” (Psalm 102:3). They say, “Our bones are dried up.” to describe their defenselessness. We hear the exiles lamenting. So, Ezekiel presents the vision of the dry bones to help them understand the message of God’s deliverance. Ezekiel had earlier prophesied destruction and exile – he could now give hope, showing the exiles that they had a future, that they could look forward to renewed blessing, and that the basis of that hope is God.

The horrifying visions God gives Ezekiel in 37:1-14 are among the most compelling in all scripture. In it, YAHWEH brings Ezekiel to a valley filled with dried-up human bones (the aftermath of a battle) and commands him to prophesy life to the bones. As he does, they reassemble into human shapes, grow tissue, and then flesh. But

they have no breath. So, Ezekiel invokes the Spirit of God to fill the corpses; when the Spirit does, the corpses transform into live beings. The dry bones in the vision represent the hopelessness of divided, dispersed Israel. She was “dead” as a nation, deprived of her land, king, and temple. But God promises to restore Israel physically and spiritually. The reanimation of the dry bones is a sign of that promise. Ezekiel brings further cause for hope in 37:15-25, the parable of the two sticks as he prophesies. In Jeremiah 24:1-10 29:4-14, we read that YAHWEH, again, through His prophet Jeremiah, promised to be with the exiles and gave them guidelines for settling down and serving the Babylonians until He restored them to their homeland. Generally, disaster, sorrow, and misfortunes force people or a nation to be more committed to God and salvage the foundations of life. Judah and Israel will be brought back from the nations and united under one king in their land forever.

“For thus says the LORD: Only when Babylon’s seventy years are completed will I visit you, and I will fulfill my promise and bring you back to this place. For surely, I know the plans I have for you, says the LORD, plans for your welfare and not for harm, to give you a future with hope. Then, when you call upon me and come and pray to me, I will hear you. When you search for me, you will find me; if you seek me with all your heart, I will let you find me, says the LORD, and I will restore your fortunes and gather you from all the nations and all the places where I have driven you, says the LORD, and I will bring you back to the place from which I sent you into exile” (Jeremiah 29:10-14).

Jeremiah announced that YAHWEH destroyed Jerusalem Himself (Jeremiah 22: 1-12). He will renew His covenant with His people and be an inner heart covenant, not an outward covenant of stones and ceremonies (Jeremiah. 31:33). As George A. Barton states, “Times of sorrow are accordingly times of religious growth,”¹⁵ when Jerusalem

¹⁵ George A. Barton, “Influence of the Babylonian Exile in the Religion of Israel.” *The Bible World*, 37, No. 6 (Chicago, IL: University of Chicago Press, June 1911), 369, <https://about.jstor.org/terms>.

and the temples were destroyed. The people were taken to exile, and faith was a matter of inward attitude rather than an outward institution. Relative to Jeremiah's religious inwardness are great spiritual truths that are theoretically monotheistic. Firstly, they reveal that the heathen gods are unrealistic. Secondly, they provide the awareness that YAHWEH is willing to welcome repenting gentiles to His worship; thirdly, they spur an individual to a life of community responsibility and morals. From the time of Amos, practical monotheism was the working theory of all of Israel's prophets, but until Jeremiah, no one had declared the non-existence of heathen deities. But Jeremiah took the courage to tell his contemporaries that such gods were mere narcissisms and figments (Jeremiah 10: 15; 14:22). Although Jeremiah may not have convinced all his listeners to accept this view, Paul agrees with Jeremiah when he says:

Hence, as to eating food offered to idols, we know that "no idol in the world exists" and that "there is no God but one." Indeed, even though there may be so-called gods in heaven or on earth—as in fact, there are many gods and many lords—yet for us, there is one God, the Father, from whom are all things and for whom we exist, and one Lord, Jesus Christ, through whom are all things and through whom we exist (1 Corinthians 8:4-6).

Again, in 1 Corinthians 10: 20, he says, "No, I imply that what pagans sacrifice, they sacrifice to demons and not to God. I do not want you to be partners with demons." Nevertheless, Jeremiah's insight was very significant and did much to explain religious views. Jeremiah looks forward to a time when humanity everywhere will forsake their false gods and come in solemn confession to YAHWEH and be embraced by Him (Jeremiah 16: 19-21). Jeremiah also stresses the responsibility of a personal, healthy, and moral religious life. He says, "In those days, they shall no longer say: "The parents have eaten sour grapes, and the children's teeth are set on edge." But all shall die for their sins; the teeth of everyone who eats sour grapes shall be set on edge" (Jeremiah 31:29, 30).

The theological thoughts presented by the prophet Jeremiah relate to the problem solution of suffering.

Things happen that abstruse the reality of love and life at the center of the universe for us; God will always bring us back to life to restore us as He did in the heap's skeleton, which made Ezekiel stand in awe and wonderfully. Christians in Jebbu-Miango have shared personal and collective dryness of bones. They become living death through their exterminators. As YAHWEH did at the valley of dry bones through Ezekiel, He will bring them out of the valley of death, and the Spirit of God will breathe life in them again. As evidence of God's promise of restoring the exiles to their land, Ezekiel told them that YAHWEH would provide a new temple where God would dwell in their midst. Significantly, Ezekiel said to the exiles that YAHWEH's withdrawal from Jerusalem was temporary. He assures the exiles that YAHWEH will return, never to depart; "The name of the city from that time on shall be, The LORD is There" (Ezekiel 48:35). His presence in the temple represents His immeasurable blessing for Israel. Soon after the Babylonian Exile in 450 B.C., as Barton explains, Ezra, with the help of Nehemiah, provided a "new law from Babylonia which induced the people in solemn assembly to bind themselves to keep it. All features that had fostered the high places' sensual practices were eliminated; it terminated the prophets' period and inaugurated the Pentateuch period."¹⁶ They realized that YAHWEH was the only ground for the hope of restoration of their land and their relationship with God.

¹⁶ George A. Barton, 374.

Trauma Theology

Trauma theology is a theological discipline that seeks to both do theological justice to traumatic experiences and reimagine theologies in the light of such experiences. While suffering has always been of interest to Christian theology, trauma theology distinguishes between grief and trauma, noting the specific impact trauma has on the embodied life of trauma survivors. Visualizing trauma experience as an earthquake that shatters theological landscapes, trauma theology sees its work as that of the construction of reimagined theologies in the wake of these experiences. This section outlines the development of the discipline, its primary approaches, and methodologies alongside the critical areas of discussion and debate.

We are living in an age of trauma, a time in which understandings of trauma came to characterize so many aspects of cultural identity, inclusion, and belonging. This characterization has been aided by a century of psychological and medical developments in which we have come to understand what trauma is, how it happens, and what its ongoing impact on both individuals and collectives might be. Of course, trauma was not invented in the twentieth century; instead, it is the century in which it has been defined and often medicalized.

Trauma is often associated with a shattering or rupturing experienced within the individual. The trauma experience shatters a sense of identity and coherence within one's life; it can shatter cognition and language such that a trauma survivor is unable to articulate and understand their experiences, and the trauma event can shatter experiences of time so that events associated with the trauma experience press into the present through hallucinations, nightmares, and flashbacks. This sense of shattering is one reason

why trauma survivors often eschew the language of recovery and prefer instead the language of remaking, referencing the remaking of the self that is required in the aftermath of trauma.

Trauma theology is a relatively recent development within theology as a discipline. Most of the work in this field took place in the twenty-first century. It has its roots in the literary turn toward trauma theory that took place in the 1990s. However, this scholarly and textual landscape in trauma theology continues. More recent research has sought to balance this with a focus on the human experience of trauma and its impact on people, both in reimagining theology and developing pastoral care practices. A critical theological question raised by theologians interested in trauma is whether or not Jesus himself is a trauma survivor. This question is significant because if one believes that Jesus is a survivor of trauma, then he becomes the model for how Christians should respond to trauma. Jesus was humiliated, made naked, penetrated with nails, and made a spectacle for the crowd's amusement. This places Jesus in a complicated position of being both a model for trauma survivors and utterly alien to the trauma survivor.

It should be noted that pastoral care practices often result from the theological work trauma theology engages with, but this is not usually the primary aim of the trauma theologian. The aims of trauma theology are primarily to bring to light experiences of trauma (often taking place within the church and other Christian communities) and to highlight how established and traditional theologies do not necessarily do justice to or consider the experiences of the trauma survivor. This witnessing to trauma is then joined with a reimagining of theology that seeks to create a theological groundwork from which pastoral practice might, ultimately, be able to draw.

Of course, the Christian theological tradition has long been interested in the experience of suffering. The Hebrew Psalms are threaded through with cries out to God from suffering people—the story of Job’s attempts to put suffering into theological context. Paul writes to the early church about his own experiences of suffering. However, it is essential to distinguish between suffering and trauma. This can be somewhat tricky in a culture in which the two words are often used interchangeably and in a discipline that is not dealing with medical diagnoses of trauma. However, at their most basic, suffering and trauma are not the same thing. Every human person will experience suffering during their lifetimes, but not everyone will experience trauma. Experiences of suffering, no matter how difficult, are eventually integrated into one’s identity. However, experiences of trauma resist this integration. Trauma has a particular impact on the body in a way that suffering does not. The traumatized person experiences ruptures in their bodily integrity and identity, hyper-aroused nervous systems, and ruptures in language and cognition such that they do not necessarily remember or cannot articulate their trauma experience(s). They experience disruptions of time in the way in which the historical experience of trauma continues to try to push into the present through hallucinations, nightmares, and flashbacks. Trauma experience(s) resist integration, and as such, the trauma survivor requires a process of post-traumatic remaking to move towards flourishing after trauma. Such a process is not necessary in the experience of suffering.

Trauma theology is not usually interested in working out theodicies – theological explanations for why evil/trauma happens to people. Trauma theologians do not tend to spend much time trying to explain the reasons behind trauma experiences. This is primarily because, as a theology that is interested in taking bodily experiences seriously,

trauma theology recognizes that theoretical explanations are of little comfort to trauma survivors. While working through the process of post-traumatic remaking, abstract explanations about the activity of God are not particularly helpful. Furthermore, trauma theology tends to lean towards a more apophatic, mystery-centered understanding of God that is focused on the theological truths that can be claimed with certainty and might be meaningful to the trauma survivor. The idea that God remains within the trauma experience can be significant.

Similarly, this focus on the validity of bodily experience centers on the trauma survivor's perspective on God's activity in their trauma experience. This leaves space for blame, anger, rage, and the affective responses to trauma as all being valid emotions and does not require acceptance of theodicy that might squash such affective reactions. Post-traumatic remaking requires attention to and regulation of the body, constructions of narratives, and reconnection to society rather than theological attempts to make sense of trauma.

In pastoral terms, the focus when it comes to trauma has tended to lean towards the resurrection of Jesus. This is true not just when it comes to trauma but when it comes to preaching and pastoral theology on difficult circumstances and suffering more generally. Like the resurrection, the theological category of hope is similarly tricky in the context of trauma theology. The Christian concept of hope, centered on the person of Jesus and his resurrection, can also gloss over the lived realities of trauma survivors' lives. This kind of hope often points to the eschaton for its fullest outworking. It can come with the implicit requirement to look beyond one's current circumstances to the fullest instantiation of hope. Hope is, therefore, explicitly focused on eternal life and a

state of perfection (in all things) that will be found in the eschaton. This hope is, according to Saint Paul, produced through our lives. He writes:

We also boast in our sufferings because we know that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us because God's love has been poured into our hearts through the Holy Spirit that has been given to us. (Romans 5:3–5).

This rationality that suffering produces endurance, character, and hope is deeply ingrained in the Christian psyche. It can be the expected outcome of any difficult circumstance, and it is a common way Christians try to make sense of challenging experiences. For the trauma survivor, however, this is not the case. The nature of trauma means that, unlike suffering, it cannot be integrated into our identities and ultimately produce hope. Trauma resists this logic and requires a rethinking of the virtue of hope.

A substantial amount of trauma theology is centered around the Eucharist. Theologians have written about the relationship between trauma and the Eucharist. These two things (trauma and the Eucharist) have two significant aspects in common. They are both focused on bodies and memories. Therefore, in the case of the Eucharist, Christians are instructed by Jesus in the gospel narratives to “Do this in remembrance of me.” The ‘this’ they must repeat is the sharing of bread and wine that are connected (in whatever eucharistic theology one adheres to), in some way, to the body and blood of Jesus himself. In the case of trauma, we have already established the human nature of trauma and the significance of memory and repetition in the experience of the trauma survivor.

As theological work has developed over the last twenty or so years, solidly grounded in trauma theory, confident in trauma-shaped hermeneutical approaches to texts, and creative in its reimagining of theological doctrine, this field is now taking a more practical turn. As noted, this shift has begun with projects focused on equipping

clergy and congregations to respond more broadly to trauma within congregations and local communities.

While most of the research now and work undertaken in this area has been focused on equipping churches to deal with traumatic experiences that happen outside of the church, a future trajectory in this work will be to focus on trauma experiences inside the church, including supporting survivors of spiritual abuse, as well as sexual abuse by clergy. This is, of course, in addition to developing resources to help congregations deal with events such as suicide, violence, and abuse that take place within their congregations. A trauma-informed church will, by necessity, produce trauma-informed pastoral care that is sensitive to the experiences and needs of trauma survivors. Such pastoral care will need to be grounded in accessible trauma-sensitive theology and in congregational attitudes that are willing to reflect critically on beliefs and undertake the work of reimagining them in the light of trauma experiences.

Conclusion

For Pastors and Chaplains to properly inculcate faith practices among Christian parents in Jebbu-Miango, we must teach congregations the authenticity of our Christian beliefs and the restoration of power in Christ Jesus. They need to know the secrets of certain sorcerers and fortune tellers; they often start with a generally true statement and are aided by further information; they pronounce our problems accurately.

Clergies and dedicated men and women of God in Jebbu-Miango need to work towards restoring traumatized children and creating awareness against misguided behavior that can mislead other Christians. Persons in authority in the Church must strive

to guide those placed under them in faith and adherence to Christian theology; where there is evidence that a minister of God or consecrated person is practicing syncretism, those in authority should take responsibility for calling the individual to orders seriously. It might be helpful to educate Christians in Jebbu-Miango to understand the psychological challenges they attribute to witchcraft and spiritual things. Christians should also know that their former worldview can affect their Christian life. Issues of nightmares and dreams should be interpreted Biblically and Theologically to assist Christians in properly understanding trauma because of the insurgency. It will be helpful to direct Christians in Jebbu-Miango to get fundamental insights into the impact of war and conflict. It will also help them be prepared to manage trauma biblically and thus prevent the lure of the search for their spiritual meaning and consequences through the practice of witchcraft.

Finally, the Church must provide opportunities for the community to share their worries, uncertainties, and questions about life issues and challenges. We must also work on reducing being isolated and reserved about things, especially illnesses, difficult family conditions, sexual violence, and those who need psychological help. Pastors must know collective and individual psychology and learn to facilitate and manage daily challenges. We must actively analyze some of our traditional beliefs and worldviews to live a faithful Christian life. Rather than approaching the problem from a witch doctor's perspective, appropriate theological and biblical involvements should be developed to respond to this issue. This is extremely vital due to indications that there may presently exist a resurgence of these practices, even among several professed African Christians.

CHAPTER FIVE

INTERDISCIPLINARY FOUNDATIONS

Since many works cover the history of trauma in greater detail, I gave a brief overview of the history of trauma studies, hitting only the high points.

Trauma is increasingly demoralizing human life around the world. Most children in Jos, Plateau state of Nigeria, have been experiencing severe Post-Traumatic Stress Disorder since 2001 due to constant attacks and killings by the Boko Haram and Fulani in some communities of the State. It has become evident following the tragic events of the incessant killings in Jebbu-Miango and their devastating consequences. War and armed conflict can acutely affect a child's health and well-being. They are repeatedly exposed to adverse events, and high levels of exposure can lead to various health and mental health consequences. These include acts of violence, sexual abuse and neglect, victimization, terrorism, and a large-scale unfavorable result, producing excessive worry, pain, and grief. The continuous attacks on the people of Jebbu-Miango and the surrounding community by the Fulani show that West Africa is still vulnerable to violence. The rise in violent conflict in Jebbu-Miango has raised concerns about the future of the next generation. Many children in Jebbu-Miango have witnessed excessive armed conflict recently, and nearly every child will know at least one victim who was killed in their lifetime.

Undoubtedly, children in the Jebbu-Miango community are psychologically wounded by the ongoing gun violence on the hopeless people of Jebbu-Miango. Children who experience chronic trauma from war, armed conflict, hardship, and dislodgment from their land are in danger of procuring post-traumatic stress symptoms (which can affect their orientation at home and in the community). When children experience the more traumatic disorder, there is a risk for future consequences. Children who spend their lives in warring areas are exposed to adverse traumatic events. They experience an unsafe and hostile environment where they do not feel secure. Trauma occurs when an individual feels helpless, confused, and unable to cope. Failure to care for such individuals is likely to cause harm, and all forms of adversity, stress, severe and long-lasting (chronic) trauma, and trouble are more likely to cause damage. In extreme cases, traumatized individuals can develop post-traumatic stress disorder (PTSD), a psychiatric condition requiring treatment from trained mental health professionals. The current killings and displacement of the people of the Jebbu-Miango community have proved that it is vitally essential to express concern to those marginalized and disenfranchised by terrorism. The message is in danger if our expression of the situation is not adequately understood as part of our process of working through trauma.

This study provides a comprehensive overview of trauma-informed strategies for pastors, chaplains, and other professional staff. It provides background on trauma, the role of pastors and chaplains in addressing how the Church can help promote resilience and heal children undergoing traumatization, and what differentiates the Biblical approach from traditional approaches.

The Early History of Trauma Studies

It takes a remarkable sum of energy to keep us moving while carrying the memory of terror and shame. It is unreasonable to discuss childhood trauma and gun violence without defining trauma. Broadly defined, trauma refers to an injury such as a wound. It's a disordered psychic or behavior resulting from severe mental or emotional stress or physical injury. In an article at Gracepoint Wellness, Jamie Marich states, "The English word trauma derives from the Greek word *traumatikos*, meaning wound."¹ From the work of Bessel van der Kolk, Jamie says that most "children who have been molested become so upset when they think about what they experienced that they try to push it out of their minds."²

The term *traumatias* appears twenty-five times in the book of Ezekiel. In preponderance cases, *traumatias* are translated as *Halal* in the Hebrew Bible, which means 'slain.'³ Sometimes, the Hebrew phrase *Halle-ḥereb*, "slain by the sword," is translated not with *traumatias* but with *trauma machairas*, "wound of the sword." Although initially referring to physical wounds, the term came to take on the nuance of an injury caused to one's psyche due to an extreme and overwhelming event. Trauma first appeared in the West as a medical term in the seventeenth century. However, studying trauma today creates a conflict between human bodies and modernity. Trauma

¹ Jamie Marich, *Trauma and the 12 Steps, Revised and Expanded: An Inclusive Guide to Enhancing Recovery* (Berkeley, CA: North Atlantic Books, 2020), 24-31.

² Jamie Marich, 25-31.

³ Robert Jamieson, A. R. Fausset and David Brown. *A Commentary, Critical, Practical, and Explanatory on the Old and New Testaments* (internet), 1882, <https://biblehub.com/commentaries/ezekiel/1-1.htm>.

can take many forms, and its impact varies based on the impacted individual's unique life circumstances, environment, and resilience.

As the conflict was a collective problem in ancient Israel, armed conflict is a cultural problem in Nigeria, traumatizing children and adults. In an article – Niveen Sarras states that the impact of gun violence on children and adolescents is burdensome and disastrous. Niveen also says, “Guns are not the only means to perpetrate harm, but the fatality rate of gun violence is much higher than that of assaults with other weapons.”⁴ According to Niveen, “In academic conversation, trauma refers to injuries of the most severe physiological and psychological kind.”⁵ Niveen further expresses that David M. Carr, an Old Testament scholar, describes trauma as an “overwhelming, haunting experience of disaster so explosive that it cannot be directly encountered and indirectly influences an individual/group’s behavior and memory.”

On the other hand, as Niveen coincides, Judith Herman says that a traumatic event overcomes the system and “gives people a sense of control, connection, and meaning.”⁶ Traumatic behavior shatters the victim’s primary expectations about the world’s safety, life's meaning, and creation's stability. Traumatized people typically feel abandoned and insensitive, negatively influencing their interpersonal relationships. The traumatic experience, whether minor or significant, dramatically impacts the victims and devastates their lives if untreated.

⁴Niveen Sarras, The Messianic Reign in Isaiah 11:1-10: A Message to Foster Children Post-Traumatic Growth, <https://elca.org/JLE/Articles/>.

⁵ Niveen Sarras.

⁶ Niveen Sarras.

Therefore, in a general sense, when we discuss trauma, we are simply talking about a human wound, physical or emotional. It is essential to note that this definition includes people who directly experienced such events and those who may have now witnessed such an event. Someone who has seen a horrific incident can be vulnerable to being affected by trauma. For many trauma specialists, trauma is not restricted to a singular event of disastrous ratio. Still, it may also occur from exposure to a sequence of traumatizing experiences; significantly, growing up in a violent environment, home, or people experience trauma differently, depending on various factors. To understand the meaning of trauma, people may find it helpful to explore the original Greek word for trauma (wound). Since many of us have experienced physical injury or harm, let's use that knowledge to inform our understanding of emotional trauma.

Generally, we can say that trauma is a wound caused by an extrinsic agent, psychic or behavioral, resulting from severe mental or emotional stress or physical injury, and emotional upset". Trauma is usually discussed in physiology, neurobiology, and psychology.

It generally focuses on alarming happenings that cause deep, touching wounds that often prompt involuntary psychological reactions in a person who encounters a traumatic event. In this early history, "trauma studies connected with female hysteria."⁷

⁷Shoshana Ringel and Jerrold R. Brandell, *Trauma Contemporary Directions in Theory, Practice, and Research* (Los Angeles, CA: SAGE Publications Inc., 2012), 1. Hysterical symptoms were characterized by sudden paralysis, amnesia, sensory loss, and convulsions. Women comprised the vast majority of patients with hysteria, and at the time, such symptoms were thought to originate in the uterus. Until Charcot, the common treatment for hysteria was a hysterectomy. Charcot was the first to understand that the origin of hysterical symptoms was not physiological but rather psychological in nature, although he was not interested in the inner lives of his female patients. He noted that traumatic events could induce a hypnotic state in his patients and was the first to "describe both the problems of suggestibility in these patients, and the fact that hysterical attacks are dissociative problems— the results of having endured unbearable experiences" (van der Kolk, Weisaeth, & van der Hart, 1996, 50). In Salpetriere, young women who suffered violence, rape, and sexual abuse found safety and shelter, and Charcot presented his theory to

Research has documented the relationships between exposure to traumatic events, impaired neurodevelopment, and the risk of acute traumatic behaviors and resulting chronic physical and behavioral health disorders. These consequences from trauma have no mental or physical boundaries concerning age, gender, socioeconomic status, race, ethnicity, geographical location, or sexual orientation. The study of trauma and mental illness was started in the 19th century by Jean-Martin Charcot, a French neurologist whose work was helping traumatized women at Salpetriere Hospital. However, his primary focus was conducting a clinical analysis of hysteria (something he considered a common disorder in women). The signs and symptoms of a hysterical patient include sudden paralysis, amnesia, sensory loss, and convulsions. Martin was the first to realize that such symptoms are physical and psychological rather than primarily physical. Therefore, the problem of the women at Salpetriere Hospital resulted from the effect of violence, rape, and sexual abuse on women's minds rather than some consequence in their bodies⁸. Many years later, Shoshana S. Ringel confirmed that “unbearable reactions to traumatic experiences usually transform to a state of consciousness – dissociation. However, putting the emotions into words and reconstructing the past helped relieve the victims’ symptoms.”⁹ According to Shoshana, Crisis intervention teams were created to take care of traumatic situations of victims of violence and natural disasters.

large audiences through live demonstrations in which patients were hypnotized and then helped to remember their trauma, a process that culminated in the abrogation of their symptoms (Herman, 1992).

⁸ Jean-Martin Charcot, In Shoshana S. Ringel and Jerrold R. Brandell, 1-2

⁹ Shoshana S. Ringel and Jerrold R. Brandell, 2.

They began to develop in the “context of military combat and soon after World War I in 1923.”¹⁰ However therapeutic, these interventions alone, without regular follow-up, means that the victim’s traumatic experiences will persist, and the healing process will not last. For example, therapists in 1974 developed new ideas to institute collective debriefing to help curtail traumatic stress, depression, and anxiety of combatants following exposure to traumatic events¹¹. Indeed, trauma is prevalent and harmful; it causes individual and collective mental health problems. Trauma disorders occur due to human response to violence, abuse, neglect, loss, disaster, war, and other emotionally destructive experiences. However, most people go without therapeutic services and support. Unaddressed trauma significantly increases the risk of mental health difficulties. It can only be exacerbated by crossing the identity boundaries of age, gender, socioeconomic and substance use disorders, chronic physical status, race, ethnicity, geography, or sexual orientation.

During the Vietnam War, soldiers returned with incapacitating symptoms that often developed into chronic problems affecting their coping capacity and functioning in civilian life. Many started to abuse drugs and alcohol, behaved violently toward their partners, or became homeless and unemployable. For example, Ray Lay, a formerly homeless (even though an honorably discharged United States Marine Veteran), lived

¹⁰ Shoshana S. Ringel and Jerrold R. Brandell, 2-3. Trauma Contemporary Directions in Theory, Practice, and Research. During World War I, psychiatrists observed that soldiers returned with “shell shock” syndrome. Psychological first aid was developed to help World War I soldiers overcome their symptoms of uncontrollable weeping and screaming, memory loss, physical paralysis, and lack of responsiveness. Psychological first aid aimed to provide a short intervention to help the soldiers recover and return to the front as soon as possible. It was observed that by providing intervention close to the front and shortly after deployment, traumatized soldiers overcame their shell shock symptoms and returned to active combat duty.

¹¹ Shoshana S. Ringel and Jerrold R. Brandell, 3.

with severe mental illness for a long time without any treatment by the US Marines or the United States government. He used drugs and alcohol to cope with his schizophrenia and bipolar disorder but finally decided to commit to mental health, which changed his life. Lay has experienced the negative perceptions of people living with a mental illness “that can deepen the stigma surrounding this illness... in terms of social rejection [and] shows up in terms of discrimination.”¹² Lay, who has experienced a negative perception of people living with mental illness, says, “I have met people or tried to meet people as I was starting to recover... And I would tell them that I have a severe mental illness. And I’m never seeing them again. These people are missing out on a great or potential friendship.”¹³ In his affirmation of recovery from mental illness, Lay proudly describes himself as a walking example of hope. Addressing the psychological problem of individuals requires early identification, awareness, prevention, practical assessment, a healthy approach, and treatment.

The experiences of these individuals are compelling and, unfortunately, all too common. Even public and private healthcare institutions (including the Church) often unintentionally inflict more trauma as they treat (or ignore) the survivors. It has become evident that addressing trauma requires a healthy approach, awareness, early identification, prevention, practical assessment, and treatment. Shoshana labeled a traumatic situation “hypnoid hysteria” and highlighted its relationship to a traumatic antecedent. Drawing from Freud’s work, Shoshana indicates that “a precocious sexual

¹² Ray Lay, Link Between Mental Illness and Mass Violence is Weak, but Stigma Persists. Farah, Yousry, in Indianapolis Recorder 126, no. 18 (Indianapolis, IN: Indiana’s Weekly Newspaper, 2021), 1.

¹³ Ray Lay, 2.

abuse is the specific cause of hysteria . . . not merely an agent provocateur”¹⁴ However, it was after World War I that trauma was diagnosed in male patients. Also, in the 19th century, there was a warning against trauma in contradiction to those who rejected its possibility, especially among the soldiers. There were those (military commanders) who accused the soldiers of sluggishness. At first, the study of trauma was often overlooked, but little progress was made after World War I and II. The most traumatic experience of war was the Holocaust.

This horrific event was an iconic example of trauma in Jebbu-Miango. The adventures of the Holocaust survivors are central to establishing frontiers of traumatic responses. The Holocaust and the Vietnam War experiences led to the realization of Post-Traumatic Stress Disorder (PTSD) in 1980. During the Vietnam War, soldiers and veterans, as Shoshana narrates, “returned with incapacitating symptoms of chronic trauma affecting their capacity to cope with, and function in, civilian life.”¹⁵ Shoshana adds, “Many of them started abusing drugs and alcohol, behaved violently toward their partners, or became homeless and unemployable.”

Trauma resulting from war and the trauma of Holocaust survivors, Shoshana further states that “trauma in women’s lives moved from the private domain of the home to the public arena. In the 1970s, women’s consciousness-raising groups shared common characteristics with the Vietnam veterans’ rap groups.”¹⁶ The traumatic condition of the Holocaust survivors was a result of the memories and flashbacks to the ugly incident

¹⁴Shoshana Ringel and Jerrold, R. Brandell, 3.

¹⁵Shoshana Ringel and Jerrold, R. Brandell, 4.

¹⁶Shoshana Ringel and Jerrold, R. Brandell, 5-6.

as Shoshana also observed that Lindemann, who treated several survivors during the fire incident in Boston where 493 people perished in a nightclub, in the aftermath, began to theorize about normal grief reactions, lost loved ones, identification with the deceased, expressions of guilt and hostility, disorganization, and somatic complaints.”¹⁷

The first person to analytically explain the crisis's mechanisms, as Shoshana relates, was Caplan. He also worked with the survivors of the Cocoanut Grove fire. It is, however, impossible to use traditional methods of problem-solving. A period of disorganization ensues, a period of upset, during which many abortive attempts at a solution are made.”¹⁸ Today, trauma is no longer new. Still, it is newly studied. Trauma is a new way of telling how violence affects one mentally and emotionally. For example, the victims of the Nigerian civil war and other armed conflicts that perpetrated the Nigerian State did not simply recall the violence the people had endured but also re-experienced it psychologically in the present.

In 1983, post-traumatic stress disorder (PTSD) entered the psychiatric diagnostic manual. Although the diagnosis of PTSD did not address early antecedents in childhood, the impact on long-term social and professional functioning, and the role of trauma in personality disorders. Therefore, the inability of the veterans to explain their traumatic condition between then and now indicates how we interpret experiences in cases of devastating violence. According to Shoshana, “Herman was the first to suggest that Complex PTSD should be included as a new diagnosis to address the multiple origins

¹⁷ Shoshana Ringel and Jerrold R. Brandell, 4.

¹⁸ Shoshana Ringel and Jerrold R. Brandell, 4.

of trauma and their impact on all aspects of a person's life."¹⁹ Courtois, as Shoshana enlightens, discovers a complex traumatic stress disorder, which "can lead to substance abuse, unemployment, and homelessness and affects all psychosocial aspects of living... A complex traumatic stress disorder diagnosis calls for a treatment model that addresses the immediate post-traumatic symptoms and psychosocial counseling, substance abuse treatment, domestic violence interventions, and assistance in improving professional and interpersonal skills and obtaining housing."²⁰

Cycles of violence that perpetrate individuals across generations do not simply go away. Although experiences of pain, loss, and suffering are part of human nature, many can absorb suffering into their lives. But one can get puzzled in the process of integrating trauma. The traumatic challenge facing someone who has experienced violence remains integral to their life. This entails the obstacles of ruptured memory, the inability to narrate the experience, and the shattering of assumptions and relational bonds that once sustained life. The handling of memory in the etymological unction of the brain focuses on telling the story of one's trauma. People with psychological problems resulting from armed conflict are often not adequately cared for, and their situation remains unaddressed. Once their traumatic situation becomes persistent, they can become more violent than their perpetrators. For instance, a child in Nigeria who suffers from armed conflict and war is at high risk of coping with the impact of traumatic memories of the hostility by acting out similarly.

¹⁹ Shoshana Ringel and Jerrold R. Brandell, 6-7.

²⁰ Shoshana Ringel and Jerrold R. Brandell, 7.

In Nigeria, such individuals are derelict, rejected even in public and private healthcare institutions and the Church, and allowed to suffer. However, they are not to blame for their traumatic situation. Many have extensive traumatic histories from the insurgency, which are left unaddressed. When physical or emotional violence, such as Boko Haram and Fulani insurgency, is perpetrated against someone, trauma is often the outcome. The spirit and sense of the victim can become stagnant. Something pulls in and stops the mind from functioning well or being active. It deeply interrupts the psychological, spiritual, and emotional situation and changes the body so the traumatized person remains trapped in their world. Research shows that storytelling alone is insufficient because neurobiology specialists clarify that the human body stores traumatic memories in the limbic system.

In traumatic recall, bodily sensations mobilize to respond to danger, even if the context is not threatening. This is known as being triggered. If trauma is stored as sensations in the victim, a therapist must focus on retraining the body to respond without registering constant threats. Physicians concentrate on breath regulation and mindful body movements that restore a sense of a traumatized victim. However, the rise of trauma studies has significantly impacted Christian theology. It has revealed clear limitations in Christian suffering while turning theologians into a new informative guideline. Christian theology often approaches suffering through the definitive context of theodicy, making sense of evil within God's rule of the world trauma.

Aiming to reconcile what we know of God's nature with evil and suffering in the world, theodicy frames suffering as an abstract problem to be solved. This

approach can hover above the realities of what someone is experiencing. Theodicy is the work of theology's frontal lobe; theology needs to witness the sufferer's experiences. Rather than explaining what is happening, theology must see what is happening. This approach mirrors some of the critiques of storytelling therapy.

Pastoral theology functions in trauma situations while probing the underlying truisms. Pastoral care for traumatized people tries to resist suffering since trauma can weaken a victim's ability. Pastoral care for traumatized people does not seek to judge the underlying truisms as good or bad but interprets their impact on those affected. When I lost my son (Kazayet) after a brief illness, I felt God did not allow my son to live. I wrestled with the existence of God. My feeling about God confirms that life is meaningless (Ecclesiastes 1:1-11). Coming to terms with my son's death intersects with theological questions in a religious tradition. The story of my son's death shows that my interpretation of my Christian theology through the lens of shattering events shifted my theology to account for the glooms of my life. However, I was profoundly adjusted to my theological thinking and questions. For example, those who have experienced traumatic events or are dealing with anticipatory trauma endorse a set of negative core self-beliefs. The first question to the survivors' minds is why God allowed this to occur. And where was God in my situation?

The victims of gun violence may believe that God declined to protect them or is unworthy to save them and put them in a traumatic situation. God placed them in a dangerous neighborhood where gun violence is the norm. The Israelites faced the same problem. They faced a spiritual crisis and believed God punished them for their sins by allowing the Assyrians to attack and deport them. This crisis is exacerbated by the

political rhetoric suggesting victims, communities, and neighborhoods are criminal or dangerous.

Pastoral caregivers must be equally careful as they preach and teach about suffering, loss, and trauma. Christian community members typically offer words of comfort and spiritual overcoming in the aftermath of a tragedy, loss, or traumatic event. Although some caregivers clinged to the recovery theme, the Church must focus on God's giving hope to the survivors. As Niveen comments, "The prophet Isaiah, in chapter 11:1-10, speaks a message of hope for his war-traumatized community and our community of children traumatized by gun violence."²¹ He further comments that "Isaiah speaks to the traumatized Israelites. He assures children that they will no longer experience violence and trauma but that they will play safely in their neighborhood."²² For Niveen, Isaiah encouraged his traumatized community to defuse post-traumatic tumors and become resilient. African Traditional Theology focuses on a proclamation and the assertion that the spirits of the ancestors are victorious over suffering. They believe a traumatic event can be a brawl in the aftermath, but the struggle will lead to something better. In clinical settings, recovery is replaced by the language of resilience to acknowledge the challenge of living with the effects of trauma rather than just moving beyond it.

In Africa, some preachers have turned to liturgical resources while reviving the practice of lament in the Hebrew Bible. They insist that collaborative practices of remembrance and lament are vital for the life of faith. Some have also turned to

²¹ Niveen Sarras, *The Messianic Reign in Isaiah 11:1-10: A Message to Foster Children Post-Traumatic Growth*. Accessed 4/23/2022. <https://elca.org/JLE/Articles/>.

²² Niveen Sarras.

ancient figures who wrestled with church teachings about suffering. Such beliefs often add weight to someone who has experienced trauma. The sense that a person is at fault for what has happened to them often wounds the person. For many people experiencing trauma, these reclamations of tradition offer more pain than hope. This additional pain may live in our bodies, tying deep into our former experiences, resulting in shame and guilt. Some Christian parents in Jebbu-Miango prefer witch doctors to heal their traumatized children rather than the Church. They say churches are no longer places of recovery from violence but sites of violence perpetration. Contemporary theological studies of trauma within the existing theological traditions underline a shift in trauma studies to reflect traumatic situations. Trauma provides a different way of voicing the impact of systemic and structural injustice. Therefore, helping people cope with trauma requires spiritual care rather than turning away from them, and this effort requires weaving together religious, public, and prophetic commitments. Pastoral caregivers seek the Divine wisdom to question cultural and traditional views of health, wellness, and illness.

The challenges of seeing traumatic events as they are taking place trigger trauma. The development of post-traumatic stress disorder is an insistent injury that does not simply go away. These understandings of trauma do not change the story. However, they give us a new angle of vision on the Christ who bears wounds and a unique starting point in caring for others. Intentional violence against innocent citizens for political or religious gain is terrorism. Trauma is the overall result of the aftermath of a terrorist attack. Paul Adepelumi describes the “mental response to terrorism as a form experience which ultimately leaves injuries or traumas with lasting impacts on the

victims.”²³ The wounds of the Fulani terrorism on the people of Jebbu-Miango may cause transient or undying injuries and mental health problems to the victims. Drawing from the work of Piaget’s cognitive development theory, Adepelumi supports that “family displacement, adverse changes in the environment, and violence affect child assimilation and accommodation at the developmental stage.”²⁴ Due to constant terrorist attacks on the community, children exposed to war and terrorism are at risk of extreme post-traumatic stress disorder. Anxiety disorders, nightmares, attention deficits, and nervous disorders are the result of traumatic experiences of children in Jebbu-Miango and elsewhere. Children affected by war and terrorism can also be oppositional and insolent. Over the past years, children exposed to terrorism and war in Jebbu-Miango have shown no sign of recovering from the prevalent disorder of the events. This effect could result in mental health issues, aggravate over time, and lead to permanent psychopathology in children through adulthood.

The children and members of the Jebbu-Miango community developed different types of mental disorders symptoms, including fear and a decreased sense of security and safety in the exposed population. Exposure to terrorism is a characteristic of developing mental health problems among children. Niveen says, “Israelite children grew up in an environment that would cause anticipatory trauma, military threats, and raids. They were afraid to be separated from their parents, so they were hypervigilant.” Long-term post-intervention programs must treat mental health in children exposed to terrorism.

²³ Paul A. Adepelumi, *Psychological Consequences of the Boko Haram Insurgency for Nigerian Children. Walden Dissertations and Doctoral Studies* (Minneapolis, MN: Walden University, 2018), 35-36. pdf.

²⁴ Paul A. Adepelumi, 36-37.

Similarly, children in Jebbu-Miango live in constant fear of the Fulani attack. The study of Biblical trauma is without limitations. It becomes cohesive under a medical therapeutic model; it can help uncover expectations of the healing model of grief. Intentional study of trauma transforms Christian ministry.

The first ten chapters of Isaiah tell of the constant danger that has disrupted the individual's well-being and the entire community's fabric. The Assyrian Empire threatened the existence of Judah and controlled their destiny (3:13-4:1). This resulted in hopelessness and fear that war and deportation were imminent. The constant anticipation of and exposure to the Fulani attack influenced the lives of the children in Jebbu-Miango. So, families and community members are hypervigilant. People of the Jebbu-Miango, as Judah, have lost trust in God. But Isaiah announces God will provide a sign, "Immanuel," God is with us (Isaiah 7:14-16). The name is a symbol of hope and salvation. Chapter 11 of Isaiah is an example of a vision of peace. In a vision, Isaiah declares that God detests violence and wants people to live in harmony with one another and creation. Amid fears and threats of Assyrians against Judah, God gives a word of assurance through the prophet Isaiah to the remnant of Judah to trust in God's saving power. Justice and love are essential to the stability of the healing of traumatized people.

Isaiah ends his vision by reminding the remnant of Israel and Judah about their reunion. The conflict and hostility between them will come to an end, and they will work together and gain control over their enemies (vv.10-14) because God will destroy the enemy (v. 15) and prepare a highway from Assyria (v.16) to bring the remnants of Israel and Judah back to their home. This is like Isaiah paralleling God's saving act with liberation from slavery in Egypt to the Promised Land. Survival and resilience are painful

processes. They do not happen quickly and easily; however, the Israelites worked to cope with their trauma as a collective community. Likewise, a community that lives in a traumatic environment needs each other to survive; when individuals and communities face trauma such as war or gun violence, anxiety, or depression, society's values working together become a candle of hope and a tool to cope with the attack of trauma. Also, Isaiah 11 corrects the Israelites' cognitive self-belief errors and reconciles them with God to create the meaning of their trauma. The role of the Church is to help traumatized children and members shift from the harmful effect of trauma as a cause of the unworthy act of God's love and protection to a message of love and value in God's estimation. The church provides spiritual counseling to traumatized children and adolescents by focusing on their feelings and helping them to look to God for strength and support.

According to Herrenkohl, "PTSD and traumatic stress can lead to alterations in the brain and change how biological systems of the bodywork to maintain health over the life course."²⁵ But resilience is the process of revising the face of adversity, trauma, tragedy, threats, or significant sources of stress. As we saw above, trauma studies developed out of psychological studies of human suffering and the dramatic impact of disastrous events on the human psyche. As we saw in our discussion above, since the classic model builds upon the work of psychologists and psychiatrists, the distinction between psychological and literary approaches to trauma is often distorted. The trauma model is the most frequently used trauma approach biblical scholars employ.

²⁵Herrenkohl T.I., et al. Trauma-Informed Programs and Practices for Schools (TIPPS) Program Guide (Michigan, MI: University of Michigan, 2021), https://tipps.ssw.umich.edu/wp-content/uploads/2021/04/TIPPS-Main-Guide-4_15_FINAL.pdf

Additionally, as biblical scholars primarily work with ancient texts, most approaches will have a literary dimension at some level. Of the stated policies, the psychological and academic have received the most attention in biblical studies. This is not to say that biblical scholars have not attempted to move beyond the classic model and incorporate other psychological approaches. The traditional model has been foundational in shaping biblical policies on trauma.

Interest in the impact of trauma upon biblical authors, audiences, and texts grew out of investigations into the psychological states of various prophets, especially to explain the strange behavior of Ezekiel. Biblical scholars often draw upon trauma models to explain and explore morally problematic passages, such as those depicting God's violence, misogynistic attitudes (especially toward the personified city as a woman), and xenophobia (often in the oracles against the nations). The use of theological trauma theory primarily draws upon PTSD research to elucidate the experiences of those who endured the Babylonian invasion, siege, and exile. Pastoral care and counseling seek to take the traumatic suffering of exile seriously. They believe that interpreting exilic and post-exilic writings would benefit from sociological studies of trauma, postcolonial criticism, and refugee studies.

Conclusion

From this study, the people of Jebbu-Miango have suffered significant individual and collective losses and various traumas relating to the Fulani killings, armed conflict, and war. It is, therefore, reasonable to say that pastors and chaplains could benefit from psychology and related fields of stress, loss, mental health, and trauma. Thus, psychology

and Biblical exegesis should not be neglected in our theological institutions (such as Theological Seminaries and Bible Colleges) in the struggle to heal trauma. Psychology, a field of science that studies human cognition and behavior, has generated numerous insights into how humans act, think, and behave. Rejecting the use of psychology in pastoral care and counseling is like being hostile to the field of psychology, which has a disastrous effect. When Christians, especially pastors and other ministry professionals, ignore, dismiss, or under-appreciate psychology and other behavioral sciences, they are unfaithful stewards of God's word and people. Both behavioral health professionals and the Christian ministry need to work side by side with each other. This is a good thing. Their contribution to the well-being of people is essential. Although behavioral health professionals are not the last resort for helping people cope with trauma, our care for people as pastors should be proactive with the behavioral health community. The behavioral health sciences have a role to play with the church and pastors in caring for church members.

CHAPTER SIX

PROJECT ANALYSIS

This qualitative study aimed to examine the lived experience of the people of Jebbu-Miango exposed to terrorism of the Boko Haram and Fulani insurgency between August and September of 2021, resulting in a faith crisis. I used virtual interviews with key participants. From the insight gained in this process, I developed recommendations for holistic pastoral care and grief support for victims of the Jebbu-Miango attack that may help in coping with trauma, grief support, and the problem of faith crisis.

The central part of this study addresses the research design and rationale of the study, including the study's research questions, which I generated to create (a) an understanding of the psychological impacts of the aftermath of the Boko Haram and Fulani attack on the Jebbu-Miango community, (b) the rationale that led to the faith crisis among the Christian parents in trying to heal their traumatized family members, and (c) the potential to provide therapeutic pastoral care and grief support to the traumatized victims of insurgency and maximize their resilience and recovery. Finally, I summarize why qualitative research design was appropriate for this study.

Research Design and Rationale

This study aimed to understand the lived experience of the people of Jebbu-Miango that has resulted in a faith crisis due to the recent Boko Haram and Fulani constant attacks on the community. I used phenomenological qualitative research for data collection and findings. This method allows the participants to explain in depth the phenomenon of their lived experience in the wake of the attack on the community by the Boko Haram and the Fulani terrorist groups and how they could cope with their traumatic situation. I adopted this method to help me understand individuals' underlying opinions, motivations, and perceptions based on their experiences. The phenomenology approach was significant in this study because it will precisely present the lived experience of any group that has faced an appalling event. This research method includes observing, interviewing, conducting focus group meetings, taking self-referent notes, evaluating audiovisual materials and documents from archival records, and engaging in written reflection. This approach was also ideal for this study because the purpose was to find out why the pastors in Jebbu-Miango could not provide pastoral care and grief support for the traumatized people of Jebbu-Miango, resulting in a faith crisis. This approach gave insights into the study participants' lived experience with the Boko Haram and Fulani insurgency.

The traumatic experience of the people of Jebbu-Miango due to terrorism that has resulted in a faith crisis has not been investigated. Therefore, this study examined the impacts of Boko Haram on the Jebbu-Miango community and how it led to a faith crisis. It provides an opportunity to document the lived experience of the people of Jebbu-

Miango exposed to the Boko Haram and Fulani terrorist attacks and how Christian parents resorted to seeking healing of their traumatized children from the witch doctors rather than the church. It does not involve exertion to enforce experimental and numerical data through rational or calculated evidence. Unlike quantitative research, which uses mathematical information and logical statements to explain data analyzed statistically, it does not attempt to clarify individual perspectives. Therefore, the quantitative method was not appropriate for this study. The qualitative phenomenological model instinctively displays the audience's situation through data collection to present their case.

I conducted individual virtual interviews with prospective study participants who had experienced the Boko Haram insurgency in Jebbu-Miango. I focused on the faith crisis of Jebbu-Miango because of the Boko Haram and Fulani insurgency to determine the results of Christian parents seeking help from the witch doctor in healing their traumatized family members rather than the Church. This procedure was done by interviewing pastors and lay leaders of the various churches in Jebbu-Miango. I accurately acknowledged the lived experiences of the people of Jebbu-Miango, who were victims and present during the catastrophic event. I refrained from establishing my findings based on a third-party report. The study provided an enhanced understanding of how the people of Jebbu-Miango were affected by an act of terrorism. I used a phenomenological strategy in this study because it was appropriate for understanding the impact of terrorism on the study participants. Phenomenological research attempts to understand people's perceptions of a particular situation. This approach is suitable for tackling, ascertaining, defining, considering, and interpreting people's experiences in their daily lives; as such, people have difficulty relating their experiences. It enabled the

efficient development of comprehensive data collection from participants' collective or personal stories. It helped me establish my findings that the lack of proper pastoral care and grief support for traumatized individuals in Jebbu-Miango resulted in a faith crisis.

Selection of Research Participants

I used a purposive selection method to identify ten primary participants for this study—the selection of ten participants for this qualitative phenomenological study aligned with the qualitative phenomenological research method. I received the contact information of the ten selected pastors from the secretary of the Christian Association of Nigeria (CAN), Miango region. Following the contact information of the study participants, I contacted each separately by phone through a WhatsApp video call. I sent them a Research Consent Form explaining the study to the participants and seeking their consent to audio-record and participate (see Appendix A). I issued the consent-to-audio-recording documents to the study participants through their emails. The purpose of these letters issued to the selected participants was to determine their willingness to participate in the project. All prospective study participants must satisfy the following criteria in Appendix B. Participants who did not meet the requirements in Appendix B were not allowed to participate in this study. The participants in this study were pastors from the various Church denominations in Jebbu-Miango. They were present during the attack on the Jebbu-Miango community by the Boko Haram and Fulani terrorists.

Following the selection of the study participants, I conducted a pilot study with the study participants. During the process, I conducted interviews with the same questions used in the initial research (see Appendix C) through virtual interviews at different times and locations. The purpose of piloting the interview for this study on the respondents before data collection was to establish if the schedule was clear, to understand the respondents' proficiency in answering the research questions, and to determine if any changes to the interview schedule were required. The pilot study also allowed the participants to be familiar with the purpose statement of this research. I organized research interviews for the ten selected study participants using the same survey questions used during the pilot study. I used the transcripts of the interviews conducted as the primary unit of analysis for this study. I took notes after conducting interviews with the study participants. This was most appropriate for this study as I sought to understand their affliction and why Christian parents collaborate with the witch doctors to heal their children. The table below provides demographic information and brief descriptions of individuals who participated in this study.

I established a data collection pattern for capturing data on a faith crisis due to the psychological consequences of the Boko Haram insurgency. I could not locate any existing tools that could be used for this study. Instead, I used interviews, field notes, and reports relevant to the problem of faith crisis to gather data for this study. I used the same open-ended questions to interview all study participants to understand their lived experiences and what inflamed the faith crisis in the Church. This approach helped me to facilitate compelling interviews that could be more easily analyzed and compared. I used self-referent notes to explain the impact of the Boko Haram insurgency on the people of

Jebbu-Miango, what stirred a faith crisis, and why Christian parents are seeking healing of their traumatized children and family members from the witch doctors rather than the Church. The self-referent notes were also used to understand why pastors in Jebbu-Miango could not provide pastoral care and grief support to their traumatized Church members. The reflexive interview notes were what the study participants said and their experiences with the Boko Haram and Fulani insurgency in the Jebbu-Miango community.

Protection of the Researcher/Participant's Reliability

I used study codes on data documents and kept the identities of the study participants confidential. In other words, I safeguarded the names of the participants and any additional identifying information associated with the audio recording, the transcript, and information about any members of the Jebbu-Miango community affected by the insurgency. I was the only one who listened to the recording in a safeguarded place. I transcribed the interviews and erased the tape once the transcriptions were assessed for accuracy. The data collected from the study participants was securely stored in a file cabinet in my office. I assigned security codes and locked the file cabinet. I am the only one who has access to the locked security codes.

I used an audio recording device to interview the study participants and took notes (reflexive journals) during and after the interviews, respectively, as potential data for this study. I obtained the written consent of the study participants for audio recording and transcription, as obtainable in Appendix D. The audio recording was advantageous because it preserved the verbal part of the interviews for analysis. I kept my notes during

the interviews and used them to write up the research findings. The informed consent includes a provision for the study participant's confidentiality. Study participants who objected to being audio-recorded were not allowed to participate in this study. As the researcher in this study, the participants would not see me as a stranger. However, they might be willing to share their experiences through the interview because they were my colleagues in the pastoral ministry before I came to the United States of America for further studies. Therefore, I established rapport with the study participants and explained the goals and objectives of the study to them. I conducted interviews with individual participants in a place that was either visible or private to other household members but out of earshot. I was the only one involved in the administration of the interviews. I listened and asked questions to capture the participants' experiences and thoughts. To avoid the danger of exposing the interviewees' self-perceived mental disorder challenges and reducing the psychological pressure of what other people might think about individual study participants, I conserved a password on protected flash data memory storage. I stored all collected information in Word document files, and the documents will be kept for five years.

Furthermore, I reminded the study participants that their privacy would be protected. This ensured transparency and accountability in the data collection, as the respondents had the opportunity to determine whether the researcher's analysis reflected their feelings. Finally, I presented the findings of the interviews to the study participants.

Possible Glitches and Resolutions.

A probable challenge with this study's virtual interviews and audio recording was that there might be internet failure, and the audio tape might malfunction. To avert this problem, I ensured I had a spare hotspot, kept fresh batteries and extra voice recording tapes, and ensured the voice recording tape worked adequately. Also, the study participants should have enough data on their phones or laptops for at least 30 – 60 minutes and have enough electricity available. I ensured there was an alternative if the power failed (electricity in Nigeria is epileptic and unreliable, and the internet is either insufficient or unavailable). I occasionally stopped and played back some of the interviews to ensure the interviewees' voices were clear and the data was recorded. I stopped the interview and took reflexive notes before inserting new batteries into the audio recorder whenever the audio recording malfunctioned. I also ran a follow-up discussion with the same study participants, lasting 20 minutes, to confirm their feelings about the information they elicited through interviews and note-taking.

Data Collection and Analysis

The data for this qualitative phenomenology was collected from individual virtual interviews, self-referent notes, and journals related to the psychological impacts of terrorism and the faith crisis in Jebbu-Miango. The data was collected (virtual) from the Jebbu-Miango community in Jos, Nigeria, because that is where the victims of the Boko Haram insurgency that fit this study presently live. The length of interviews for this study was 30 minutes, which aligns with the recommended time and duration for conducting

interviews in a phenomenological study. Activities for the discussion included gathering information about the individual study participants' lived experience with the faith crisis and the Boko Haram and Fulani insurgency in Jebbu-Miango. The data collected through the pilot study provided related information about the challenges and factors that influenced the faith crisis that affected the Church in Jebbu-Miango. After the initial research, I conducted one-on-one virtual discussions to capture the experiences and feelings of the ten participants. All the participants received the same open-ended questions and were expected to respond. I relied on the interview protocol to ask each participant how the psychological impact of the Boko Haram and Fulani insurgency had resulted in a faith crisis. I also asked the participants about the nature of the services they provided to the affected church members in coping with their trauma. In addition, I asked them to identify which services promote dealing with trauma and grief support, as well as the barriers they encountered to providing therapeutic pastoral care to mental health persons due to insurgency.

I employed exemplifying phenomenological data analysis to organize data into thoughts, ideas, arguments, reasons, and principles. Following the data collection, I put a debriefing structure in place. The purpose of debriefing was for me to deal with issues of withholding information, deception, and potentially harmful effects of participation in the study. I informed the participants about the practical purpose of the research study. Following this step, I categorized the participants' information to identify any patterns representing the participants during the data collection phase. As stated above, I developed this study to understand why Christian parents seek healing from witch doctors for their traumatized children and family members in Jebbu-Miango. As mentioned in the

introduction, this phenomenological case study of the faith crisis steered the research questions.

To relate the study's interpretations and findings to its data collection, I ensured that these research questions drove this study's formulation of interview questions. I recorded all interviews and reflexive notes into a Microsoft Word document. I manually transcribed the data using descriptive phenomenological data analysis. I maintained accurate records of all communications, actions, procedural steps, and decisions. I provided accurate descriptions of the sample, setting, procedural steps, and analysis to achieve dependability. Hence, the data collection formed the foundation of the study's analysis. Direct quotes from the study participants were incorporated into the study where necessary to support analysis and study outcomes. I labeled the data collected from the study participants anonymously to ensure that each participant's privacy was protected. This will avert any adverse public and government reactions to revealing the mental health challenges and support available to the participants. I informed the study participants that the findings would be shared with them after approval by United Theological Seminary. This will enable me to debrief the participants before public dissemination—data storage. I also debriefed the participants at the end of the interview and provided them the space to share their reflections. The data was kept in a password-protected flash drive with codes assigned to the documents. As earlier explained, hard copies of the data were saved securely in a file cabinet for five years in the researcher's office. I will shred the data with shredding machines after five years.

Collection of Data

I interviewed ten participants (of which five participated in the pilot study) using the same interview questions. Interviews were digitally recorded. As displayed in Appendix D, consent forms for the discussion and audio recording were reviewed with the study participants at the beginning of each interview when I emailed the consent forms directly to each participant. Participants were interviewed in English with structured questions and recorded with a Tascam DR-05X Stereo Handheld digital audio recorder. The mood was calm, and most of the participants greeted me enthusiastically. However, their body language reflected uneasiness and frustration as they began to speak about their experience related to the Boko Haram and Fulani attacks. Many participants had trouble finding accurate words to describe their feelings and shifted thought processes midsentence. In instances where emotions were triggered, we stopped the recording until they could collect themselves. Three participants wept while narrating their experiences, and two smiled when they explained how they ran to the mountain when Boko Haram and the Fulani invaded their community. Again, data from the interviews was transcribed, filed, and saved in my private computer, later transferred to the researcher's flash drive, and locked in a file cabinet in my office. The location for the data collection was Jebbu-Miango in Nigeria. All identifying information was removed from the transcripts before verification procedures. I anticipated that each interview would last 30 minutes; however, each lasted between 25 and 35 minutes with frequent short pauses. I was calm and remained empathetic throughout the interview process.

The study participants felt a sense of relief after sharing their stories because their church leaders had never attempted to listen to them. I maintained neutrality and set aside my emotions. I kept a diary to describe my feelings before and after each interview. To capture the true essence of the experience. No unusual circumstance (absence, sickness, injury, or loss) was recorded during data collection. All participants responded to the interview questions within the given time.

Data Analysis

The findings from the qualitative phenomenological study of the lived experience of the participants exposed to the Boko Haram insurgency in Jebbu-Miango were used to describe the occurrence of the study participants' experiences. I examined initial statements during the data collection that are pertinent to the cause of the faith crisis in the Church in Jebbu-Miango, the lack of available programs and grief support for them to cope with their trauma, and barriers to receiving mental health diagnosis and treatment as presented in the data by the study participants. I employed multiple qualitative data analysis techniques to identify key phrases to achieve this. These include identifying repetitive words, similarities, and differences. It also includes recognizing narrative transitions, utilizing deterrents, and classifying statements. I coded vital phrases and ideas manually to signify preliminary theme clusters. In other words, I moved from what the participants said to what the participants meant while maintaining the substance connected to the description. I extracted repetitive messages and removed them from the transcript.

I conducted a rigorous analysis of the lived experiences of the Jebbu-Miango attack by the Boko Haram and Fulani. I developed a comprehensive description of the traumatic experience and faith crisis in connection to insurgent attacks as expressed by each participant, and this was presented in the dissertation. I assessed the fundamental reasons why Christian parents were taking their traumatized children and families to the witch doctors for healing and developed a detailed description of the lived experiences of the study participants. I also examined if the available ECWA theological seminaries in Jos and Kagoro have trauma and grief support courses for pastoral students. I recommended conducting a follow-up interview with each participant to confirm the findings. During the meeting, each study participant was given a list of themes and descriptions of their stories for review. No modifications or additional information occurred during the follow-up. When the transcription of the participants' interview was concluded, along with the assessment of the reflexive notes, there were no cases or evidence of conflicting instances in the research data. I returned the study results to participants for validation.

Findings

Based on my findings, Jebbu-Miango people have suffered incessant attacks since September 8, 2017, and October 17, 2017. From mid-July to August 2021, the Fulani militias again attacked Jebbu-Miango consistently until the town became under siege. According to one of the respondents, the militias started by laying an ambush for three or four farmers and then moved on to the destruction of farms. They invaded the Jebbu-Miango community and wrecked it to its entirety. The attack — not the first in the town

recently—would become the unfortunate spark for a massacre. The ethnic population of 80,000 suffered extensive losses. A respondent (an eyewitness) precisely stated that on the night of August 2, about 200 Fulani militants engulfed Jebbu-Miango and were so coordinated that while some were shooting, others were looting the houses. About 71 people were gruesomely murdered by the assailants, over 500 were injured, 489 homes were burned, and more than 30,670 persons were displaced in just five weeks. Another respondent also narrates that in one attack, as he busted into tears, 29 people, including some members of his family, were murdered while taking shelter at a primary school under the military's watch. The respondents confirmed that no perpetrators were arrested after the attacks.

Furthermore, one of the respondents lamented that the violence has led to the displacement of thousands (including his family members), especially women and children. He states that the few survivors of the attacks flee from their homes, terrified of returning for fear of more attacks. He said, “I have lost many church members, and some have moved to Miango town and the surrounding villages. Some have found shelter with family in safer areas, but others have sought refuge in internally displaced persons (IDP) camps. The pattern of confrontation since the introduction of Boko Haram and Fulani terrorism in Nigeria has been by guerrilla-type actions (a system led by a group using a terrorist act against the region’s civilian population). This new way of fighting against the civilians that have spread across the country's northern states inflicts on pastoral ministry a new way of dealing with losses and wounded of their most vulnerable individuals and victims.

A respondent expressed his grievances on how the violence and displacement also tremendously impact the mental health of the survivors and other women in Jebbu-Miango. Fulani terrorists and Boko Haram have inflicted severe mental harm on Christians, and the church is at risk. A respondent remarked that the risk of abduction and sexual abuse is both stigmatizing and traumatizing, hindering victims (especially women) from feeling they can move around freely and safely or attend church service due to shame.

A respondent who was an eyewitness and escaped narrowly with his family, although his grandmother was killed, reports that the Fulani and Boko Haram terrorist attacks follow a consistent pattern. They are dressed in black with head coverings, attacking at night or early in the morning. At times, warnings of an impending attack are given before an attack. The Fulani attackers typically arrive in a collaborative group, primarily by motorcycle, carrying AK-47s and other sophisticated weapons. After they attack a community and are displaced, they move in, taking over the land for their animals. This pattern reveals a method and strategy that evidences the systematic nature of the attacks.

Another respondent adds that perpetrators (their neighbors who have lived together for decades) usually appeared to have taken measures to hide their identities by wearing military uniforms and other disguises and, at times, masks and operating in a coordinated fashion. In this study, the over 500 wounded Jebbu-Miango community members were taken to the Plateau State Specialist Hospital, Jos University Teaching Hospital, and the Bingham University Teaching Hospital for medical care. The study participants confirmed that more than half, 52.4%, were women and children.

“Respondent A” states that gunshot and machete injuries were consistent with the findings from Jebbu-Miango, in which 91 cases were found. The Boko Haram terrorists employed specific procedures that involved the use of tourniquets on the limbs and the use of sharp objects to inflict neck wounds and mutilate the genitals of some victims. This finding did not include victims who may have died before arrival or in the hospital and those killed in their farms. It is, therefore, possible that the mortality rate has been underestimated. If you escape the fire, your house cannot escape looting. Some groups will load properties into their trucks, while others will set homes ablaze.

Interpretation of the Findings

The results of this study are relevant to similar situations facing the same problem as those addressed in the study. The pastors in Jebbu-Miango were unable to provide adequate pastoral care and grief support to families affected by the Boko Haram and Fulani insurgency, which has resulted in a faith crisis. The faith crisis in Jebbu-Miango due to increasing acts of terrorism perpetrated by Boko Haram and Fulani in the Jebbu-Miango community has created a need for research to understand the psychological effects of terrorism on the affected families and how this has affected their Christian life. It determined what programs and types of grief support would be provided to help them cope with the trauma of terrorism. The data analyzed in this study were collected through virtual interviews with ten people who met demographic requirements, of which five participated in the pilot study, as described above. Participants provided detailed descriptions of the psychological experience of the people of Jebbu-Miango being exposed to the Boko Haram and Fulani insurgency and how it has resulted in a faith

crisis. Interview questions were used to determine data collection: Five participants were selected for the pilot study before the substantive research.

The five participants were among the ten individuals participating in the regular case study. I included the pilot-study participants in the primary research to secure the required number of study participants in the preliminary survey because doing so would have resulted in a more significant sample in the main study. Purposive sampling was used to select ten participants for the substantive study, in which each participant was interviewed according to a template of questions. The selected ten participants provided comprehensive information about their experiences with Boko Haram and the Fulani insurgency. The participants' narratives were interpreted, and the following four themes emerged: (a) emotional sadness, grief, and sorrow; (b) struggling with faith crisis; (c) struggling with coping and support programs (pastoral care and grief support as a robust support system); and (d) traditional implications of therapy to the church. The study participants were between the ages of 22 and above. All participants had resided in Jebbu-Miango for at least five years before and in the aftermath; they had witnessed the killings and were aware of the attitude of Christian parents in seeking help from witch doctors. Additionally, all the participants could remember the events during the attack and willingly provided details about their experiences. Due to the participants' confidentiality, their names were not mentioned or changed, and rough approximations of their ages were provided.

The study confirms that the people of Jebbu-Miango exposed to the terrorist actions of Boko Haram and Fulani are experiencing psychological trauma. For example, the study participants expressed grief, sorrow, and frustration. They exhibited

psychological symptoms such as sadness, pain, shock, disappointment, disbelief, anger, sleeping phobia, nightmare, fear, lack of appetite, depression, emotional numbing, mourning, grief, insomnia, anxiety, feelings of upset, worry, avoidance, and sense of insecurity over the killings or kidnappings of their parents, grandparents, friends, classmates, teachers, and pastors, as well as the destruction of their homes, farm produce, farmland, livestock, and churches. Findings from the study also confirmed that the participants exhibited avoidance, headaches, emotional disorienting, and grief, more specifically, within the first three months of experiencing the death or kidnapping of parents, other family members, or friends. However, the study participants' responses to interview questions showed that these extreme recurrences were normative responses to unnatural acts that did not lead to permanent mental health illnesses. This confirms that the people of Jebbu-Miango suffered from an individual or collective trauma that may not necessarily be regarded as uncontrolled. All participants expressed concerns about the church's inability to provide pastoral care and grief support to the affected families and church members. However, some study participants admitted encouraging church members through the pulpit ministry and in the word of God.

The study participants have suffered recurrent violent events that comprised significant collective trauma coinciding with their physical and spiritual life as people of God. Their traumatic stories reflect a fledgling people's coping with high levels of transitional stress, multiple crises, significant losses, displacement, and genocide. The study participants' explanations reveal signs of collective posttraumatic reactions among the people of Jebbu-Miango, who are members of their different churches and might have been involved in seeking healing from witch doctors. It is clear that being exposed to a

potentially traumatic event, the people of Jebbu-Miango are experiencing intense emotional reactions (fear, helplessness, or horror); persistent symptoms of reexperiencing the event (intrusive memories, dreams, flashbacks, or psychophysiological reactivity to associated stimuli); symptoms of avoidance of such stimuli (thoughts, places, activities, people) or numbing of general responsiveness (diminished interest or participation in activities, detachment from others, restricted range of affect, or sense of a foreshortened future); and symptoms of increased arousal (sleep or concentration difficulties, irritability or angry outbursts, hypervigilance or exaggerated startle response). Given their traumatic event, some exposed to it can be expected to develop Post-Traumatic Stress Disorder (PTSD); in some, it can become chronic and debilitating.

Like the people of Jebbu-Miango, collective trauma has become a topic of increasing interest. War and terrorism, like the Nigerian civil war and the Boko Haram and Fulani insurgency, can affect many people or entire nations, causing mass PTSD casualties and potentially traumatizing regions or the country. Looking at the future life of the people of Miango if care is not taken, the impact of long-lasting threats to the health and social stability of Jebbu-Miango indicates the likelihood of causing significant collective trauma. The activities of the Boko Haram and Fulani terrorists in Jebbu-Miango and the environment have caused trauma to the people. The people of Jebbu-Miango are exposed to terrorism. They are experiencing both individual and collective trauma, which often exhibits social symptoms, including violence, social and religious instability, abandonment, isolation, disregard of theological beliefs, social supports, and the dislocation of Christian ethics.

The outcome of this traumatic event has resulted in a faith crisis. It was a collective phenomenon within the families of Jebbu-Miango, like the fascinating posttraumatic stress of the beginning of Christianity, specifically the trauma of the crucifixion of Jesus for his followers. During this event, the disciples of Jesus Christ who witnessed his violent death (especially Peter) carried a burden of guilt for renouncing their association with him, and all seemingly felt helpless and horrified. They were unexpectedly left empty, with their hopes, expectations, and belief systems shattered. They were in a state of individual and collective trauma at this time. Therefore, we can say that the people of Jebbu-Miango, as did the disciples of Jesus Christ, urgently needed coping devices to resolve faith crisis that would allow them to survive and flourish in their posttraumatic growth. This study provided that the numerous events that occurred on the night of the attack on Jebbu-Miango are potential evidence of individual and collective traumatic events. Taken as a whole, the finding of this research clearly describes that the people of Jebbu-Miango have experienced multiple collective and individual traumas as the said attack carried out by Boko Haram and the Fulani was targeted at eliminating the community.

It is well acknowledged that trauma and loss are exacerbated when they are unexpected, surprising, or outside the ordinary course of events in the individual life cycle, as in the unexpected sudden death of a child, many people in Jebbu-Miango likely became extinct precisely due to the ravages of the holocaust of this sort. If such death rates materialized, losing close family members would have been a virtual certainty, and the entire community's future would have been seriously jeopardized. This finding would be proportionately equivalent to casualties numbering in the millions in some parts of the

country experiencing the Boko Haram and Fulani insurgency. As discussed in the Biblical Foundation segment of this research, the extreme physical threat to Ezekiel, individuals, families, and the people of Israel as a whole, the entire existential origin of the newfound community of Israel, supposedly under God's special protection would have been shaken to its very foundation. All these occur on the boundaries of the traumatic exodus from Egypt, the desert wanderings, the possession of the Promised Land, and finally, the Babylonian Exile must have been a terrifically shocking and traumatizing experience. As presented earlier, the biblical text demonstrates that Ezekiel exhibited several posttraumatic symptoms during and after the Babylonian exile. Though in the book of Ezekiel, we focus on the collective level of trauma, we also need to remember that the two groups cannot be independent and may be assumed to be highly interrelated. The Bible presents Ezekiel and Israel as intertwined, so it is sometimes hard to differentiate Ezekiel, the wailing individual prophet, from his people.

The biblical data fit well with the finding that collective trauma can lead to long-term social consequences for the people of Jebbu-Miango, resulting in a severe faith crisis. From the findings, I posit that any PTSD symptoms exhibited and expressed by the study participants would have exacerbated the stress and anxiety experienced by the people of Jebbu-Miango and may have amplified the risk of collective PTSD and faith crisis. In any case, the Jebbu-Miango incident evinces a solid initial reaction of crying and helplessness in both study participants and the people. Recurrent and intrusive distressing recollections of the event of the Boko Haram and Fulani's subsequent attacks on the Jebbu-Miango community are apparent to the collective trauma elsewhere (especially the occasion of the holocaust, the Vietnam War, and 9/11). The anxiety and

early trauma due to the Boko Haram and Fulani insurgency may have persisted in operating at both conscious and unconscious levels of the people of Jebbu-Miango and study participants, strengthening their adherence to their animistic beliefs, which contributed to their faith crisis and thereby to their chances of long-term trauma. As identified by the study participants, the faith crisis affecting the Jebbu-Miango community and Church confirms that Christian parents are consulting witch doctors in healing their traumatized children and family members because of their exposure to the Boko Haram and Fulani insurgency. Data collated and analyzed showed that lack of proper pastoral training on caring for traumatized members and grief support has contributed to Christian parents taking their children to the witch doctors for healing their mental health problems. The study participants' accounts were often very detailed when they recounted their experiences with resiliency programs and support services and identified prayer as a robust support coping method. The findings from this study showed that the people of Jebbu-Miango are likely to consider any form of treatment once they have experienced psychological trauma. All the study participants agreed that consulting witch doctors was the most available and reliable method to overcome trauma; nevertheless, they had received clothing and temporary shelter from the government and non-profit organizations.

The study participants recounted their experiences concerning what constitutes a mental health problem and how they relied on their religion and faith to cope with the trauma of the Boko Haram and Fulani attacks. All the study participants acknowledged that most people in Jebbu-Miango practiced syncretism and took their children and family members to the witch doctors to heal them and cope with their trauma. They were

raised to follow the African traditions before becoming Christians but are still holding to their traditional beliefs—and had traditional means which allowed for preserving their former religious practice and values. The study participants conceptualized people with psychological health illnesses as “crazy people” who walk on the street aimlessly without shelter and care. To them, avoidance, mourning, fear, numbing, and anxiety did not constitute mental health illnesses and were merely normative responses that did not indicate a pathological problem. Study participants considered the implications of receiving mental health diagnoses and treatment concerning their family background, traditions, and cultural beliefs. Most of the study participants acknowledged that illnesses attached to mental health in their communities are linked to evil spirits and bring shame and stigma to the affected family or individuals.

Misconception about what constitutes mental illness was a significant factor in the people of Jebbu-Miango’s refusal to seek mental health intervention and pastoral care. Moreover, their former beliefs and lack of qualified and trained pastors in trauma care and mental health are why they preferred to visit the witch doctors. Additionally, the fear of being stigmatized was a concern that prevented affected individuals and families from receiving therapy and pastoral care for mental health illnesses. All the study participants confirmed that the affected persons relied on the healing power of their ancestral gods and spirits as an alternative to receiving treatment for mental health illnesses. This study demonstrated that the Church in Jebbu-Miango is experiencing a faith crisis due to a lack of qualified pastor-therapists and grief support services and programs. Also, a lack of awareness about mental health illnesses, inadequate understanding of what constitutes mental health, unavailability of mental health therapeutic resources, and poor skills

related to mental health treatment on the part of the Church are factors. One of the participants confirmed that lack of accessible healthcare services and mental health support from the government were also barriers to entering mental health therapy.

Limitations of the Study

I addressed limitations on the findings of the study, which derive from the fact that the participants were from Jebbu-Miango in Jos, Nigeria. The activities of Boko Haram and the Fulani occur across the northern states of Nigeria, affecting millions of Nigerians. The experiences of these study participants in Jebbu-Miango reflect the lived experiences of other people affected by terrorism in Nigeria. However, it may not be possible to generalize the lived experience of the study participants in Jebbu-Miango with other concerned people in northern Nigeria. Another limitation had to do with issues of ethnicity and religion. All the study participants are from the Irigrwe tribe from Bassa Local Government Area in northcentral Nigeria, residents at the time of the incident, have a Christian religious background, and pastor a church. No other nationalities or tribes (Rukuba, Berom, Yoruba, Igbos, or Fulani people residing in Jebbu-Miango) were among the participants selected to recount their experiences and thoughts regarding Boko Haram and Fulani terrorist attacks. Further, this study had no atheist, witch doctor, or traditionally religious participants.

This study addressed how the Boko Haram and Fulani terrorist activities in the Jebbu-Miango community triggered a faith crisis. All the participants reported no special training, structures, or grief support programs for pastors to promote coping with trauma following the Boko Haram and Fulani insurgency. As such, the study addressed a gap

concerning the lack of holistic pastoral care in Jebbu-Miango for people affected by the Boko Haram insurgency, which has resulted in a faith crisis. This study relied on the lived experiences of Jebbu-Miango, exposed to war and terrorism, compared to the time of the Babylonian exile in Ezekiel 1-25, the history of trauma, and where we can find God in our distress. It suggested programs and services that may help to promote coping with trauma resulting from war and terrorism and improve grief support for those exposed to terrorism and mental health challenges. This study did not explore any available government resources for addressing psychological trauma. I limited this study to a faith crisis where Christian parents take their traumatized children and families to the witch doctors. However, there is a need for further research to assess available government resources for mental health care in Jebbu-Miango and how it can impact the study participants. The study was restricted to people exposed to the Boko Haram and Fulani insurgency in Jebbu-Miango, and the data used for the results of this study were exclusively based on their lived experiences. There is a need to study the lived experiences of other participants from other geopolitical zones where Boko Haram and Fulani activities are experienced and ongoing. Such individuals might have different views and opinions than the study participants, yielding mixed results.

Findings from this study mark a foundational step in describing the psychological consequences of the Boko Haram and Fulani insurgency on the lived experience of Jebbu-Miango. The research findings also suggested positive pastoral care and social change through the development and implementation of holistic pastoral care, grief support, and social programs, which will decrease the psychological effects of terrorism and enhance the spiritual growth of the study participants. Plans and programs to address

the mental health problem of Jebbu-Miango have received minimal or no support. The inability to cater to the mental health of Jebbu-Miango exposed to terrorism is a gap that continues to put the study participants at high risk of permanent psychological health illnesses. The Church's failure to fix the faith crisis in the church is unjust and damaging to the growth and health of the church and its members. The findings from this study revealed that the study participants needed grief support and pastoral care to address the psychological challenges they experienced immediately following exposure to terrorism. There is a need for a consistent and constant support system for the people of Jebbu-Miango to support their coping with the violent trauma. Failure to provide early diagnosis and treatment for their exposure to violence may lead to permanent mental health illness - (Post Traumatic Stress Disorder). It can also result in a lack of creativity and weak theological functioning. Therefore, providing urgent grief support, coping programs, and mental health therapy will be essential in solving the problem of Christian parents taking their children and families to the witch doctor, resulting in a faith crisis. This project supports immediate pastoral care and grief support for those exposed to terrorism. To help the people of Jebbu-Miango cope with the trauma of terrorism, the Church in Jebbu-Miango should create a safe environment and reassure and provide extra emotional and grief support and pastoral care. Pastors should be aware and be introduced to therapeutic programs to help members exposed to terrorism cope with their trauma, anxiety, and responses to terrorism and grief. In other words, in countries and communities that are experiencing terrorism and violence, therapeutic support staff should be trained to provide immediate therapies for children and family members who are exhibiting strange behaviors in society and at home. Also, pastors should be offered church-based

intervention trauma training on therapeutic behavioral support to gain practical knowledge on providing one-to-one attention to severely emotionally disturbed children or adolescents who are traumatized.

All study participants confirmed that few people in Jebbu-Miango recovered from their experience and could not overcome their weaker cognitive reasoning. They reported a loss of trust in the church to provide coping and grief support due to their experience with Boko Haram and Fulani violence. The findings showed that the study participants need urgent interventions for reorganization towards remedying the cognitive challenges of assimilation and accommodation required to overcome weaker educational performances and develop an interest in education. This study's result confirmed that Christian parents taking their children and family members to the witch doctor for healing is the reason for the faith crisis. The implication, therefore, is that there is underutilization of poor or limited pastoral care and grief support for traumatized people due to terrorism, leading to an increased faith crisis in Jebbu-Miango. This was also partly due to a lack of knowledge and training about mental health illnesses, symptoms, and treatment. Hence, the church must create awareness for holistic pastoral care for traumatized people, grief support, and attitudinal change toward receiving Christ-centered spiritual care.

Project Calendar

The choice of Jebbu-Miango for the data collection is convenient. The location of the study group for the data collection is suitable and self-assured as it provides interactive cooperation between the researcher, the community, and non-governmental

organizations working at the displaced camps. The research will depend on collecting data from pastors in Jebbu-Miango who were exposed to terror attacks, massacres, and displacement. Therefore, the researcher will also restrain the transferability of his findings because the effects of the psychological trauma are limited to children exposed to Boko Haram and Fulani insurgency in northern Nigeria.

The experiences of these study participants reflect the lived experiences of the children affected by Boko Haram and Fulani terrorism in north and central Nigeria. Due to insufficient time, the researcher will use the purposeful sampling interview in the final procedure.

My Work as a Trauma-Informed Chaplain

Pastoral ministry and chaplaincy are two very different forms of spiritual care. Pastoral ministry revolves around congregational ministry and serving those in communal settings; these areas of spiritual care take on very different forms. However, where they overlap, they provide essential insight regarding trauma-informed care. I served the church under the Evangelical Church Winning All (ECWA) for seventeen years before going to the United States of America for further studies. During my CPE Residency program at Michigan Medicine, I worked in the trauma and neurology intensive care units during my training. Now, as an AccentCare Hospice and Palliative Care Spiritual Care Counselor and Chaplain, I understand that chaplaincy is becoming the front line of faith-based ministry. Whether it be military, healthcare, law enforcement, or institutional chaplain environments, Chaplains are the first spiritual responders — often risking their lives. People affected by or after a crisis are emotionally charged, in shock, and at their

most vulnerable. One of my greatest strengths of chaplaincy work is that I was trained to engage and care for people of any faith. I must be able to actively listen to and honor the various beliefs of those I care for and provide spiritual care to people during the worst times of their lives.

However, becoming a chaplain also means putting yourself at risk for Post-Traumatic Stress Disorder (PTSD), among other mental health challenges. Spiritual care from a chaplain during the crisis usually forever endears them to the ministry. No more significant impact can be made on a person's life than helping that person in a crisis. As a chaplain, I provide comfort, hope, and stability during a crisis. I encourage them to draw strength from God or their faith beliefs as they navigate the crisis. Being a crisis chaplain means being bombarded with negative emotions like anger, fear, and grief, which may result in secondary trauma. Receiving those emotional states multiple times is a recipe for mental health issues in the chaplain's life. The problem is that there is rarely time to grieve with so many interactions in such a short period. There is ample time to process grief in situations other than compound crises, so it has less effect on the chaplain—unaddressed grief results in unresolved emotional issues. The cumulative impact grows to the point where it can compromise a chaplain's ability to minister effectively. Crisis intervention is an inevitable part of every day for chaplains while serving in trauma and warring zones.

Mental health is vital in pastoral ministry because it can help pastors fulfill their calling, build resilient churches, and minister to those struggling with mental health issues. Although the pulpit has kept pastors away from the congregation, pastors are responsible for guiding and nurturing their congregations and caring for their well-being.

Therefore, pastors in Jebbu-Miango, after receiving a pastortherapeutic coaching program on trauma-informed care, can promote a holistic approach to well-being by creating a supportive culture, educating their congregation, and implementing structured programs. This can help churches stand firm in the face of adversity. Research shows that people often reach out to faith leaders or churches before seeing a mental health professional. Pastors can be “first responders” by addressing mental health-related concerns and connecting people to care. This can be done through small groups, trained peer coaches, or a mental health ministry. Pastors can also care for their own mental health by practicing self-care, engaging in activities like exercise and hobbies, and seeking support. They should also be aware of signs of mental health challenges, such as persistent sadness, anxiety, or difficulty concentrating.

As Christian leaders, pastors are responsible for nurturing and caring for their congregations' spiritual well-being. I do not think it is a significant leap for many churches to take partial responsibility for the congregation's emotional and cognitive well-being. However, we know there is a difference between the pastor's and counselor's roles. In today's world (especially in Nigeria, where it's being threatened by terrorism), many individuals carry the invisible scars of trauma, and churches must become places of healing and restoration. Christ Himself is our high tower, fortress, and source of strength. Adopting a trauma-informed approach is not just a trend; it reflects Christ's compassionate ministry to the brokenhearted. Trauma-informed care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. A trauma-informed approach acknowledges that healthcare organizations and care teams

must have a complete picture of a patient's past and present life situation to provide adequate healthcare services with a healing orientation. Trauma-informed practices can improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness. It can also help reduce avoidable care and excess costs for the health and social services sectors. Trauma-informed care seeks to (1) realize the widespread impact of trauma and understand paths for recovery; (2) recognize the signs and symptoms of trauma in patients, families, and staff; (3) integrate knowledge about trauma into policies, procedures, and practices; and (4) actively avoid re-traumatization. Trauma-informed services do not harm, i.e., they do not re-traumatize or blame victims for their efforts to manage their traumatic reactions, and they embrace a message of hope and optimism that recovery is possible. In trauma-informed services, trauma survivors are seen as unique individuals who have experienced extremely abnormal situations and have managed as best they could.

Surprisingly, if you were to search "trauma-informed churches," many individuals would come up. I won't say I have reviewed many of them, and what is professed is hard to execute, so I won't say that any of them have done it well. However, I will say that one resource we have vetted is "Turning Your Church into a Trauma-Informed Community," which I highly recommend.

Trauma comes in various forms, from childhood abuse to combat experiences, from natural disasters to relational betrayals. Its impact extends beyond the initial event, shaping individuals' perceptions, behaviors, and spiritual lives. Trauma disrupts the very fabric of a person's being, often manifesting as anxiety, depression, addiction, or relational difficulties. There are even concerns of vicarious trauma where counselors and

pastors hear the pain and suffering of others and, in so doing, start to experience vicarious or second-hand trauma that has all the same symptoms as regular trauma. Trauma, from a clinical understanding, is when we experience very stressful, frightening, or distressing events that are difficult to cope with or out of our control. This manifests in symptoms of nightmares and flashbacks. At the same time, we are awake, dissociation (problems with memory, sense of identity, the way the world is perceived, and the connection to the physical body), mood swings, hypervigilance (the elevated state of constantly assessing potential threats around you), and avoiding people, places or things that bring these trauma memories back. While it may not be possible for every church to do everything to remove fears from a congregation member's life (worship music being loud, the sanctuary being darker than they like, or the congregation being whole), we should always be mindful of what our congregation is experiencing and within the limits of Christian practices and principles, make for a safe space. Pastors can cultivate such environments by fostering a culture of empathy, non-judgment, and confidentiality within their congregations and encouraging open dialogue about mental health and emotional struggles, breaking the silence and stigma surrounding these issues.

Above all, the ministry of presence lies at the heart of creating trauma-informed churches. It's about showing up, listening deeply, and witnessing one another's pain and struggles. Remind congregants that God's love is unconditional and unwavering, even amid their darkest moments; encourage them to draw strength from their faith and community as they journey toward healing and wholeness. By embracing a trauma-informed approach, pastors can create spaces where wounded souls find solace, support,

and sanctuary. May our churches be beacons of hope and healing, shining brightly in the darkness and pointing toward the ultimate source of redemption and restoration.

Recommendations

In my work at a hospital as a chaplain, I'm confronted daily with grief, loss, and trauma. I see all the worst-case scenarios: the freak accidents that leave someone permanently disabled, the horrific diagnoses in seemingly healthy kids, and the loss of innocence. Trauma comes in many forms, which share a unifying thread: a deeply distressing and disturbing experience. You may not work in a hospital trauma unit. Still, the past traumatic years in Jebbu-Miango have brought many of us into contact with other people's distress because of widespread Boko Haram and Fulani upheaval. As a trauma-informed chaplain, I'm called to serve people who've experienced trauma by helping them cope and regain strength. (I practice trauma-informed care within my scope of practice, and I recommend professional counseling whenever possible to trauma survivors.) The way we treat our patients can help or hinder their healing. The Bible instructs all of us to "bear one another's burdens" (Gal. 6:2), but if we're not wise in how we shoulder these burdens, we can also hurt our health.

As Christian leaders, pastors are responsible for nurturing and caring for their congregations' spiritual well-being. However, I do not think it is a giant leap for many churches to take partial responsibility for the congregation's emotional and cognitive well-being. In today's world, where many individuals carry the invisible scars of trauma, churches must become places of healing and restoration. We see that Christ Himself is our high tower (Psalm 144:2), this fortress (2 Samuel 22:2), and a source of strength (2 Timothy 4:17-18). Adopting a trauma-informed approach is not just a trend; it reflects

Christ's compassionate ministry to the brokenhearted. As pastors in Jebbu-Miango and warring areas in Nigeria, I highly recommend turning our churches into Trauma-Informed communities. Here are some suggestions for foundational concepts for creating Trauma-Informed Churches in our communities. I think it would take more than a single page or a few ideas to craft a trauma-informed church. Let's start with some foundational thoughts to get pastors to craft trauma-informed churches that will heal a whole population they may have never imagined and are missing those who struggle with trauma.

1. Understanding Trauma

Pastors need to understand that trauma comes in various forms, from childhood abuse to combat experiences, from natural disasters to relational betrayals. Its impact extends beyond the initial event, shaping individuals' perceptions, behaviors, and spiritual lives. Trauma disrupts the very fabric of a person's being, often manifesting as anxiety, depression, addiction, or relational difficulties. There are even concerns of vicarious trauma where counselors and pastors hear the pain and suffering of others and, in so doing, start to experience vicarious or second-hand trauma that has all the same symptoms as regular trauma. Trauma, from a clinical understanding, is when we experience very stressful, frightening, or distressing events that are difficult to cope with or out of our control. This manifests in symptoms of nightmares or flashbacks. At the same time, we are awake, dissociation (problems with memory, sense of identity, the way the world is perceived, and the connection to the physical body), mood swings, hypervigilance (the elevated state of constantly assessing potential threats around you), and avoiding people, places or things that bring these trauma memories back.

Recognizing trauma is the first step toward building a church environment that fosters healing and understanding.

2. Creating Safe Spaces

One of the core principles of trauma-informed care from a clinical perspective is the creation of safe spaces where individuals feel accepted, understood, and valued. While it may not be possible for every church to do everything to remove fears from a congregation member's life (worship music being loud, the sanctuary being darker than they like, or the congregation being full), we should always be mindful of what our congregation is experiencing and within the limits of Christian practices and principles, make for a safe space. Pastors in Jebbu-Miango and warring areas can cultivate such environments by fostering a culture of empathy, non-judgment, and confidentiality within their congregations. Encourage open dialogue about mental health and emotional struggles, breaking the silence and stigma surrounding these issues. Emphasize that seeking help is not a sign of weakness but a courageous step towards healing.

3. Educating Church Leaders

Equipping church leaders with knowledge about trauma and its effects is essential for creating a supportive community. Offer training sessions or workshops on trauma awareness, resilience, and trauma-informed care principles. Empower leaders to recognize signs of distress and respond with sensitivity and compassion. Encourage them to model vulnerability and authenticity, demonstrating that it's okay not to have all the answers but to journey alongside hurting people. If you partner with a local counseling agency or a therapist, this may come at little to no cost.

4. Integrating Trauma-Informed Practices

Integrating trauma-informed practices into various aspects of church life, including preaching, teaching, and Bible studies, can profoundly impact individuals' experiences. Consider how worship services, small groups, and outreach programs can be structured to accommodate the needs of trauma survivors. Provide opportunities for quiet reflection, prayer, and contemplation, recognizing that some may find large gatherings overwhelming. Foster a sense of belonging and connection through intentional community-building initiatives. Get from the Center for Health Care Strategies that primary care physicians can review to better work with individuals when diagnosing medical problems.

5. Collaborating with Mental Health Professionals

While churches play a vital role in supporting individuals with trauma, they cannot replace the specialized care provided by mental health professionals. Foster partnerships with local counselors, therapists, and support groups, offering referrals and resources to those in need. Host seminars or invite guest speakers to address topics related to trauma recovery, resilience, and self-care. By collaborating with mental health professionals, your church can offer holistic support to its members.

6. Embracing the Ministry of Presence

Above all, the ministry of presence lies at the heart of creating trauma-informed churches. It's about showing up, listening deeply, and bearing witness to one another's pain and struggles. Remind congregants that God's love is unconditional and unwavering, even amid their darkest moments. Encourage them to draw strength from their faith and community as they journey toward healing and wholeness. By embracing a

trauma-informed approach, pastors can create spaces where wounded souls find solace, support, and sanctuary. May our churches be beacons of hope and healing, shining brightly in the darkness and pointing toward the ultimate source of redemption and restoration.

Conclusion

Prior research on the impacts of the Boko Haram insurgency in Nigeria has not addressed the faith crisis in Jebbu-Miango nor helpful programs for coping with the trauma of terrorism and grief support. The primary objective of this study is to examine the faith crisis in Jebbu-Miango, which has resulted in Christian parents seeking spiritual care from witch doctors to heal their traumatized children instead of the church. I used a qualitative methodology to determine the lived experience of the study participants. The study participants identified the impacts of terrorism and its effects on their Christian faith. They also identified the unavailability of grief support program training that will promote holistic pastoral care to help them cope with their trauma and transformation after exposure to terrorism. All participants shared their grief and mourning following the aftermath of the Boko Haram and Fulani attacks on their communities, which resulted in the death of several community members, abduction, rape, and indescribable trauma; as earlier mentioned, themes resulting from their answers to the interview questions. As Christians, we are called to embody the love and compassion of Jesus Christ in all aspects of our lives, including how we interact with those who have faced trauma. It is a fundamental aspect of our faith to show kindness and understanding to those who are hurting and to offer support and comfort in times of need. By extending care and empathy to those who have experienced trauma, we are not only following the example of Jesus

but also fulfilling the commandment to love our neighbors as ourselves. Trauma-informed care can be integrated into a Christian context by creating a safe and supportive environment where individuals feel heard and valued. This can involve actively listening to their stories, validating their experiences, and offering encouragement and hope. By demonstrating empathy and understanding, we can help build trust and establish a sense of connection with those who have been through traumatic events, showing them that they are not alone in their struggles. We must recognize the dignity and worth of each person, regardless of their past experiences. By treating individuals with respect and compassion, we affirm their humanity and acknowledge the inherent value that they possess as children of God. This can involve getting to know them as individuals, understanding their unique strengths and challenges, and providing support tailored to their specific needs and circumstances. In doing so, we can help restore a sense of dignity and self-worth to those impacted by trauma, showing them that they are valued and deserving of love and care.

A Christian worldview recognizes that Jesus is the ultimate healer and that true healing comes from Him. Incorporating this perspective into trauma-informed care can provide hope and a sense of purpose for individuals who are struggling with the effects of trauma. We must understand that individuals who have gone through traumatic experiences may struggle with trusting in God due to the pain and suffering they have endured. As we journey alongside our congregations, our primary goal is to guide them towards a more profound connection with Jesus, requiring us to examine our hearts and acknowledge any tendencies towards idolatry or sinful behavior that may hinder our relationship with God. Through this process of introspection and growth, we can better

serve and support those struggling to place their trust in God. Church leaders and pastors have a unique opportunity to significantly impact their communities by offering trauma-informed care services. Church leaders need to receive proper education and training about the impact of trauma on individuals. Through this education, they can develop a deeper understanding of how trauma affects people and learn effective strategies for providing support and care to those who have experienced trauma. By equipping themselves with this knowledge, churches can create a safe and nurturing environment for individuals seeking healing and restoration from past traumatic experiences. Trauma-informed care is an essential approach to delivering comprehensive and effective services to individuals who have endured traumatic experiences. This method integrates the five fundamental principles of trauma-informed care: safety, trustworthiness, choice, collaboration, and empowerment. By embracing a Christian worldview, we can further enhance the quality of care provided by ensuring our efforts are guided by compassion, empathy, and understanding. This holistic approach fosters a supportive environment that encourages healing and facilitates the development of coping mechanisms necessary for overcoming trauma. We must continue to educate ourselves and expand our knowledge of trauma-informed care to better serve and demonstrate love toward those in need of healing and restoration. Let us commit to continual growth and improvement in our practice of trauma-informed care to ensure that we are offering the best possible care to those who have experienced trauma.

APPENDIX A
INFORMED CONSENT FORM

INFORMED CONSENT FORM

Name of Researcher: Hassan Ayiku Dicks

Name of Project: “Faith Crisis: a Pastoral Care for Traumatized Families Due to Terrorism in Jebbu-Miango, Plateau State, Nigeria”

1. I confirm that I have read and understand the information sheet/letter dated [insert date] explaining the above research project, and I have had the opportunity to ask questions about the project.
2. I understand that my participation is voluntary and that I can withdraw at any time without giving any reason or negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.
3. My responses will be kept strictly confidential (only if true). I give permission for the research team members to access my anonymous responses. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.
4. I agree that my data will be used in future research.
5. I agree to take part in the above research project.

Name of Participant Date Signature *(or legal representative)*

Name of person taking consent Date Signature *(if different from lead researcher) To be signed and dated in the presence of the participant.*

Lead Researcher Date Signature. *To be signed and dated in the presence of the participant.*

Once all parties have signed this, the participant should receive a copy of the signed and dated participant consent form, the letter/pre-written script/information sheet, and any other written information provided to the participants. A copy of the signed and dated consent form should be kept with the project’s primary documents, which must be kept in a secure location.

Date: Name of Applicant: _____

APPENDIX B

CRITERIA FOR THE SELECTION OF STUDY PARTICIPANTS

Dear _____ (Name of Intended Participant)

Date _____

My name is Rev. Hassan Ayiku Dicks, and I am a Doctor of Ministry candidate at United Theological Seminary Dayton, Ohio, USA. I am conducting dissertation research on the Faith Crisis: A Pastoral Care for Traumatized Families Due to Terrorism in Jebbu-Miango, Plateau State, Nigeria. Although there is a scale of studies on the effects of terrorism in Nigeria, no known research has been done on the impact of inadequate provision of pastoral care and grief support to traumatized people, as are the adverse psychological effects of the Boko Haram and Fulani insurgency on the people of Jebbu-Miango. This research will provide insight into what the people of the Jebbu-Miango (when exposed to terrorist attacks and massacres) experienced and the lack of proper pastoral care and grief support when exposed to the Boko Haram and Fulani insurgency. I am the principal investigator (IP) and invite you to participate in this research study. However, before you agree to enter the study, you must meet the following criteria.

1. Participants must be pastors with a seminary education and at least five years of working experience.
2. They must have been residing in Jebbu-Miango during and after the massacre and the displacement of the people of Jebbu-Miango by the Boko Haram and Fulani terrorist groups.
3. Participants must have been between 18 and above years at the time of the attack by the Boko Haram and the Fulani terrorist in July – August 2021. (This study was conducted in 2023 when participants were between 20 and above).
4. Participants must remember the events that occurred on the night of the attack.
5. They must be willing to provide details about and express and explain their lived experience during and after the Boko Haram insurgency.
6. They must express what triggered Christian parents to consult witch doctors instead of the Church.

If you have any questions, please contact me at your earliest convenience to schedule a date and time to call my primary and WhatsApp numbers: +15745757055. You can also email me at hdicks1@united.edu or the Institutional Review Board Office at +1937529-2286 Ext. 3401

Yours Sincerely,

Rev. Hassan Ayiku Dicks

Hassan Ayiku Dicks

APPENDIX C

PRE- AND POST-SURVEY QUESTIONNAIRE

A. Pre-Project/Post-Project Questionnaires:

1. How long have you been a Pastor in Jebbu-Miango during the time of the attack?
2. What faith crisis and Challenges does the Church in Jebbu-Miango face?
3. Do you think the impact of Boko-Haram and the Fulani insurgency in Jebbu-Miango is causing a faith crisis in the Church?
4. Are you or any member of your church or family traumatized due to the loss of loved ones during the Fulani attack in Jebbu-Miango?
5. How does the Church in Jebbu-Miango approach its members who are traumatized?

B. Interview Questions:

1. How long have you been in the pastoral ministry in Jebbu-Miango?
2. Were you or any members of your church or family affected by the genocide in the Jebbu-Miango community on the night of the incident?
3. How has the massacre and extermination of the people of Jebbu-Miango triggered emotional and psychological trauma in individuals and the Christian church?
4. Do you think the impact of the violent event in Jebbu-Miango is causing a faith crisis among the affected families and the Church?
5. What are the most likely obstacles to humanizing children's mental health and the people of Jebbu-Miango?
6. Have you ever had any special training on helping victims of crisis and war cope with their individual and collective trauma?

7. Are there coaching colloquia for pastors to help affected families cope with the trauma of the genocide in Jebbu-Miango?
8. What could have been the most likely care for the traumatized and affected victims of the Jebbu-Miango killing?
9. What programs or services may help promote coping and adjustment for traumatized children affected by terrorism?
10. Suppose you or pastors in Jebbu-Miango received training in pastoral care programs. Would this promote coping with trauma and address the faith crisis of parishioners and the affected persons?

C. Survey Questions:

1. My input is crucial in understanding and addressing the problem of the faith crisis in Jebbu-Miango.

Strongly Agreed _____ Agree _____ Strongly Disagreed _____ Disagree _____

2. The people of Jebbu-Miango are passing through a traumatic state due to Boko Haram and the Fulani insurgency in Jebbu-Miango.

Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____

3. Christian parents whose children are traumatized due to the insurgency, especially by witnessing the massacre and the death of family members, are consulting witch doctors to heal their children.

Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____

4. Christian parents in Jebbu-Miango feel that the church has failed them by not providing a trauma-informed approach to healing their children's mental problems.

Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____

5. Pastors in Jebbu-Miango have not had any therapeutic training in mental health and psychotherapy or trauma-informed approach.

Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____

6. Ezekiel 34 exemplifies how the Church in Jebbu-Miango should provide spiritual support and hope to those facing traumatic situations.

Absolutely True _____ True _____ False _____ Absolutely False _____

7. If pastors in Jebbu-Miango participate in therapeutic coaching training, they will become prime pastors and trauma therapists, who will, in turn, train other pastors.

Strongly Agree _____ Agree _____ Strongly Disagree _____ Disagree _____

8. Assuming you agreed to participate in the therapeutic training, would you be willing to provide trauma-informed care to victims of Boko Haram and Fulani insurgency in Jebbu-Miango?

Definitely _____ Probably _____ Probably Not _____ Definitely Not _____

9. They are creating programs that would likely help victims cope with their trauma.

Very likely _____ Likely _____ Very Unlikely _____ Unlikely _____

10. Should research on the following be allowed or prohibited when considering pastoral care that could improve the living conditions of traumatized victims in Jebbu-Miango and elsewhere?

Definitely _____ Probably _____ Probably Not _____ Definitely Not _____

APPENDIX D

AUDIO/VIDEO RECORDING CONSENT FORM

AUDIO/VIDEO RECORDING CONSENT FORM

(My name is Rev. Hassan Ayiku Dicks, and I am a Doctor of Ministry candidate at United Theological Seminary Dayton, Ohio, USA. I am conducting dissertation research on the Faith Crisis: A Pastoral Care for Traumatized Families Due to Terrorism in Jebbu-Miango, Plateau State, Nigeria.

This study involves recording your interview with the researcher on audio or video. Neither your name nor other identifying information will be associated with the recording or the transcript. Only the research team can listen to the recordings.

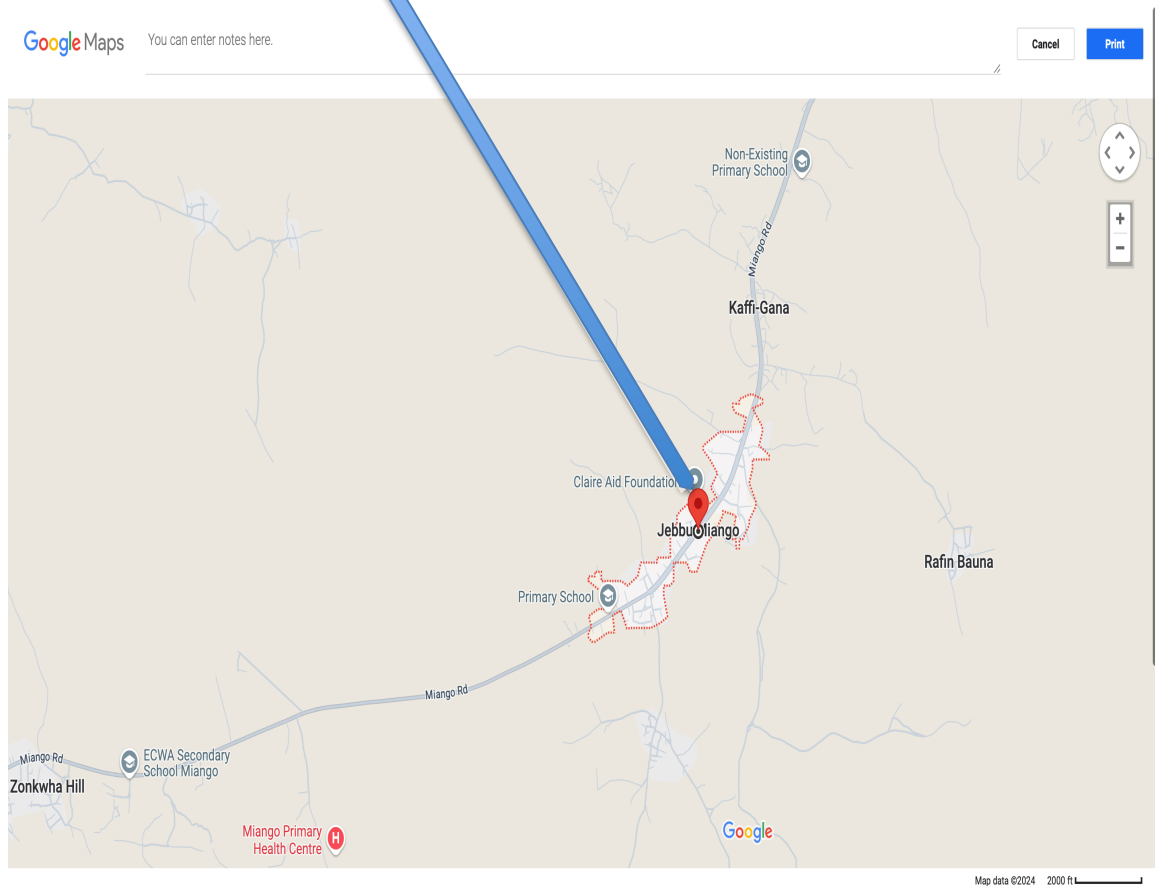
The researcher will transcribe the tapes and erase them once the transcriptions are checked for accuracy. Your interview transcripts may be reproduced as a whole or part for use in presentations or written products from this study. Neither your name nor any other identifying information (such as your voice or picture) will be used in presentations or written products resulting from the study.

By signing this form, you allow the researcher to audio or videotape you as part of this research. It would be best to understand that this consent is effective until the researcher reviews the recording and is sure it is accurate before the tapes are destroyed.

Participant's Signature: _____ Date: _____

APPENDIX E

THE MAP OF JEBBU-MIANGO, THE PROJECT LOCATION



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